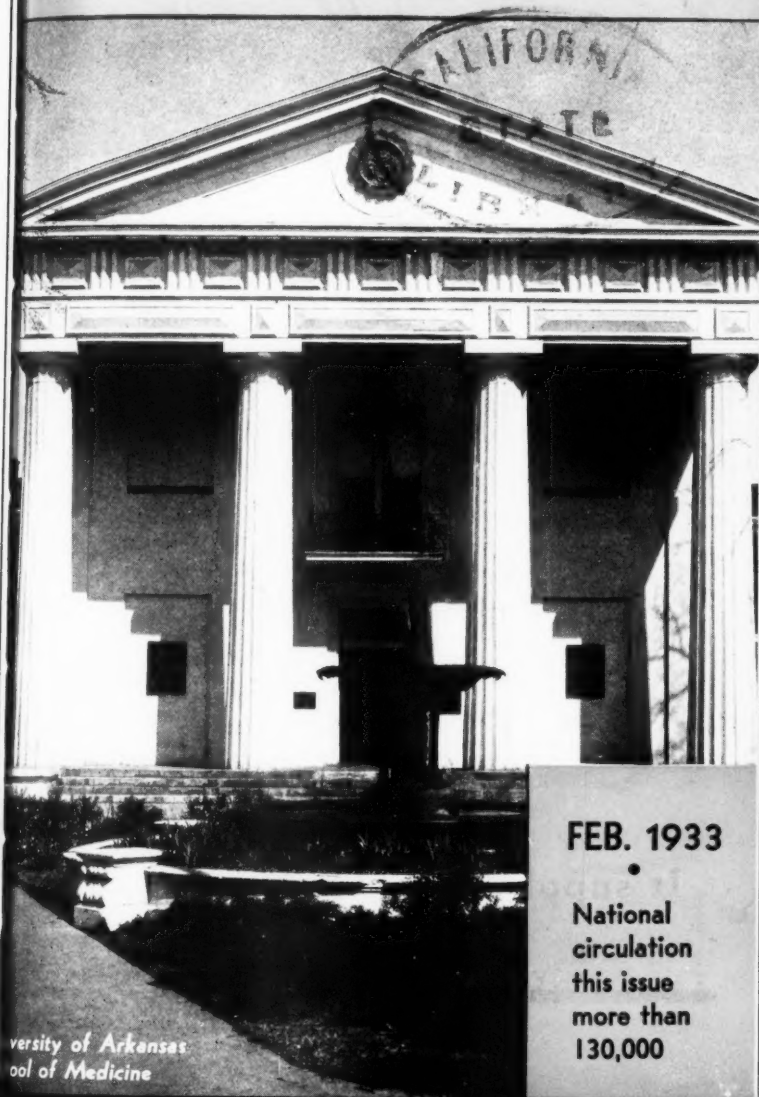


MICS

# Medical Economics

The Business Magazine of the Medical Profession



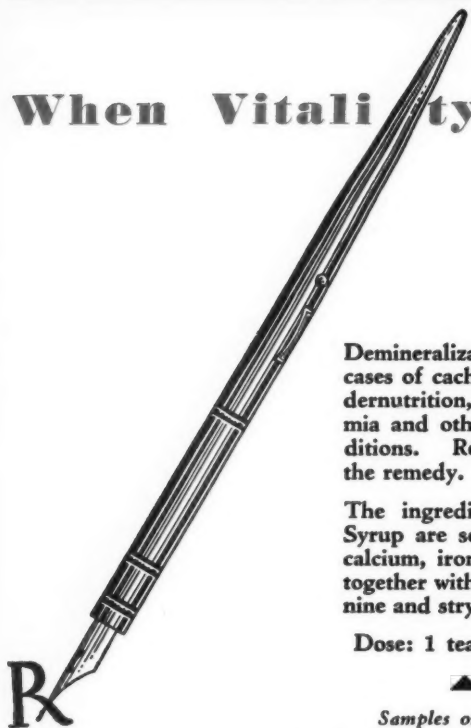
University of Arkansas  
School of Medicine

**FEB. 1933**

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**When Vitality is Low**



Demineralization causes many cases of cachexia, debility, undernutrition, neurasthenia, anemia and other run-down conditions. Remineralization is the remedy.

The ingredients of Fellows' Syrup are sodium, potassium, calcium, iron and manganese, together with phosphorus, quinine and strychnine.

Dose: 1 teaspoonful t. i. d.

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# **Fellows' Syrup**

**It supplies the needed minerals**

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# MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

## State Medicine in Russia

By A. A. NEUWIRTH, M.D.

What is the truth about medical practice under the Soviet system? Is the public better served? What is the status of the physician? The author recently toured Russia with eyes open to the effects of absolute state medicine. He gives here some plain and unbiased facts.

**D**RAGGED from their beds at three in the morning and thrown into a flooded dungeon—merely because they were suspected of having accumulated by private medical practice a few more rubles than their neighbors. That was the punishment meted out to twenty-five Russian physicians in Odessa a few days before I arrived there last September.

"The G.P.U. are responsible," I was advised in frightened undertones by a local physician. (The G.P.U. is the Soviet Government spy system.)

"But these doctors must have been given some chance to save themselves such punishment!" I objected.

"Yes," my informer replied, "they were given a chance—if you care to call it that. Each of them was asked where he had hidden his 'fortune.' If he told, he was freed; otherwise, he was deposited summarily in an underground cell. Since most of the doctors refused to divulge their

secret, it was not long before the dungeon was filled to capacity.

"Just about that time someone shouted 'fire!'—and a half-dozen hoses were turned on the luckless prisoners. Until the water had crept up to their necks, the hoses continued to belch their contents into the cell. After that, the victims were left alone to think over their plight.

"As a result of constant immersion for two days and nights in the freezing water, several of the physicians were unable to bear the torture any longer. They admitted the whereabouts of their savings. Others, still obdurate, remained where they were. A few contracted pneumonia and died when eventually released."

With this none too choice incident by way of introduction, I shall now attempt to paint a word-picture of the physician as he functions, cog-like, in the medical machine shop of the U.S.S.R.

But first let me say something

## MEDICAL ECONOMICS

of the general background, against which the medical profession in Russia functions. Most of us here in America are definitely out of sympathy with radicalism as exemplified by the Soviet. The story of Red destruction and oppression is a familiar one. We would not want to have our country, and particularly our profession, visited by any such revolutionary changes. Nevertheless, in fairness, we must ask whether state medicine, *for Russia*, has had any redeeming features.

As physicians, we know that radical operative procedure is sometimes the only hope for saving the patient's life. We tolerate the additional trauma because we want to save the patient; to withhold surgical interference would be inhumane.

This policy bears a similarity to the medical situation in Russia. Before the advent of the Soviet and state medicine, vast areas of Russia had never been supplied with any form of medical care. Hospitals, physicians, nurses, public health workers—these were entirely unknown to great masses of the peasant population, particularly in the far-flung corners of the empire.

Medicine in these districts was practically in an aboriginal stage. Tribes had their medicine men, who administered herbs, invoked rites, in ignorance of the most elementary principles of sanitation.

## . . . the old

This is a Shaman, or "Medicine man" of the Oyrot tribe, eastern Russia. Before the Soviet regime, millions of Russian peasants and plainmen had never seen a real physician; for medical counsel they went to the Shaman, or his equivalent, who invoked rites, administered herbs.





February, 1933

Be it said to the credit of the Soviet authorities that they have increased at least six-fold the number of physicians in Russia. They have extended medical service to the farthest outposts of the Republic. Areas of semi-barbaric population now receive compulsory health inspection and regulation. And even in the cities, medical provision for the poorer classes is far superior than in pre-revolutionary days.

*For Russia*, state medicine has had its redeeming features.

There are two types of Soviet doctors:

1. the old type, resembling our general practitioner; and

2. the new type, who is a specialist with no training in general medicine.

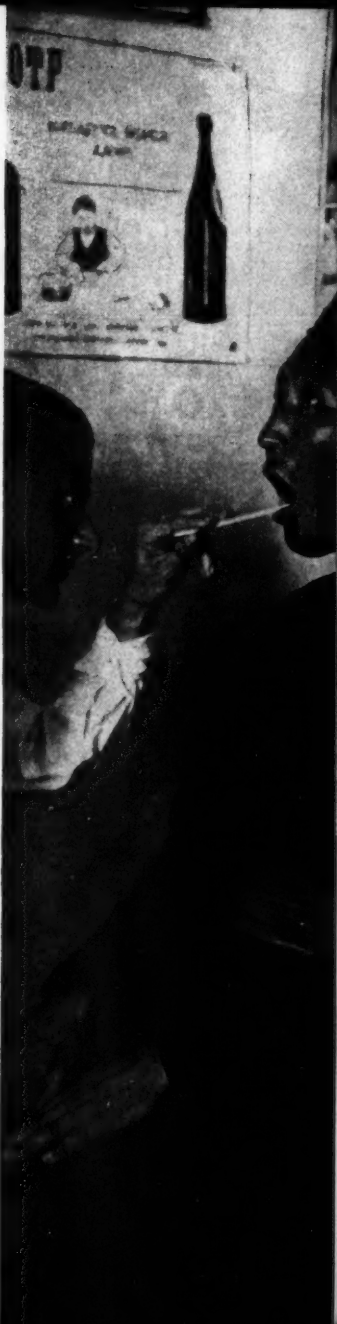
Physicians in the first category are gradually declining in number, inasmuch as the medical schools are no longer providing for their education. Emphasis is now placed on the newer class of men, with whom the Soviet Government expects to solve its national health problem.

To get a better idea of how these men are trained, I visited quite a number of Russian medical schools. The facilities of these institutions are exceedingly poor, largely because they are not kept in condition, and because no one takes any interest in them.

The instruction is better than the equipment. Each medical

## the new . . .

Here is a Buddhist priest being examined by a physician employed by the Soviet Republic, at Sverdlovsk—where real medical service was formerly unknown, and the priests themselves acted as doctors. (Pictures on the wall show resuscitation methods, teach good table manners.)





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school supports three distinct faculties:

1. a curative-prophylactic faculty for the training of internists, surgeons, and dentists;
2. a hygienic-prophylactic faculty for the training of public health officers, food hygienists, epidemiologists, etc.; and
3. a maternal and child welfare faculty for the training of obstetricians and pediatricians.

Whichever schedule of study a medical student elects, he is required to devote only two years to it. When he finishes, he is familiar with his own specialty and nothing else. He has been instructed neither in general practice nor in any other specialty.

His education completed, the physician, like anyone else in Russia, goes to work for the State. He receives a salary equivalent to about \$12 a month for working six hours a day. It is hopelessly insufficient. It will not even pay for such necessities as rent, food, and heat.

In consequence, the majority of Soviet practitioners work two shifts a day, totaling twelve hours. For this they receive double pay—which is not so good as it sounds. Even in Russia, \$24

On the opposite page is picturesque evidence of the fact that the Soviet Republic is extending medical service to its farthest outposts. (Beginning at the top)—1. A malarial clinic in Tadjikistan, where the peasants still believe that medicine consists of sorcery; 2. Children of the plains being inspected by outpost members of the Medical Workers' Union; 3. Both the farm workers, and the physician who is examining them, are employed by the same boss, the Soviet; 4. A glimpse of medicine in Metropolitan Russia—an ambulance station in Moscow.

a month is barely enough for existence.

Heavy laborers in factories, mines, and the like, work five days a week. The white-collar class, including physicians, works six days a week. The seventh day, or day of rest, differs among physicians. There is no general week-



A native of the Merv district watches with interest while she is vaccinated.

end such as we have, from Saturday to Monday. One physician may have his day of rest on the 6th, 13th, 20th, and 27th of a particular month. His fellow-physician up the street may take his relaxation on the 1st, 8th, 15th, and 22nd.

Once each year each physician employed by the Soviet gets a two weeks' vacation, as does every other worker. During this period he may visit a resort of his own choice (if he has the money); or he may spend his time at one of the government vacation rest centers.

At all events, he can not get out of the country. Three outposts bar his way at every main railway and road exit. His residence in Russia is enforced, even if he had (which is unlikely) the necessary funds to go elsewhere.

There is no effective means of long-distance travel except by train, so that most communities are self-con- [TURN TO PAGE 153]

# The Children's Clinic

IT BEGAN AS  
AN EXPERIMENT

By Frank Howard Richardson, M.D.

**I**N a previous article, I described my experiment with a summer practice in the mountains of Western North Carolina, risking nothing but the income of a pediatric practice in the city for the poorest time of the year—the summer.

The experiment was self-supporting. It proved to the experimenter, not that "thar was gold in them thar hills," but that there was a chance to spend an enjoyable vacation season with his family in a delightful resort section, and at the same time build up a remunerative and interesting practice.

During the following three years, the gross income from this practice increased to such an extent—averaging around 33 1-3% more each summer than the preceding one—that there was no question that the enterprise was worth making permanent.

The problem now became the rather puzzling one that confronts any seasonal enterprise, starting at nearly zero, expanding rapidly enough to keep up with the increasing volume of work to be done, yet not so rapidly as to get ahead of the income that justifies such expansion and then reducing at the same tempo as the receding tide of work.

Another problem (really this same problem expressed in terms of money) was how to do acceptable work, including everything that could fairly be expected of a year-round enterprise,

without spending so much in the process that the overhead would consume all the profit. To be left with the pleasure of the project and its accomplishment as his sole reward is rather cold comfort for the man who has his living to make. When the enterprise is a medical practice, professional standards must be kept up. How could this be done, in a summer pediatric practice?

In many ways a summer practice is like one lasting the year round, but there are very real differences; and it is the differences that must concern us here. The first factor is housing, or office space; the second, adequate help, professional and lay; the third, general upkeep of plant; the fourth, the keeping of records, the use of forms, etc.; and the fifth, the increase of practice. Each is worth discussing, for the benefit of the pediatrician

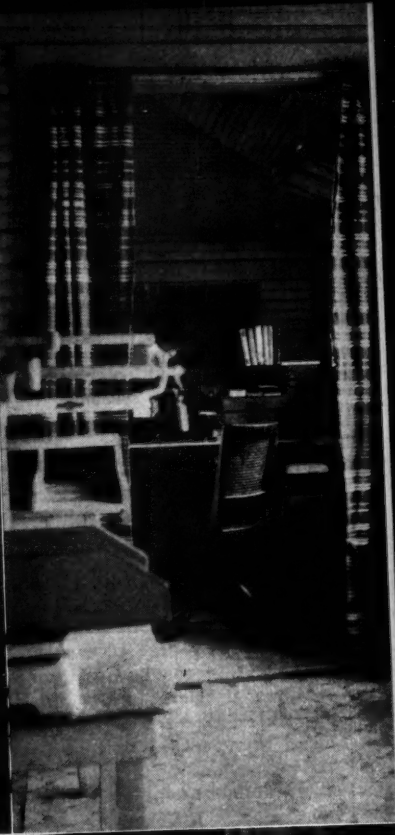
The three photographs opposite show how The Children's Clinic looked after its transformation. (Top left) A corner of the "work room," showing the stairway that leads up to the ultra-violet treatment room and posture correction hall. (Top right) Looking into the consultation room, or "inner sanctum." (At bottom) One side of the "work room," showing the author examining a patient on one of the high tables.

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who may be considering a move in the same direction.

Four summers in rented offices convinced me that a permanent location was essential, if not vital. I could not always get the same place, and even in a tiny mountain resort, folks are surprisingly slow in getting used to a change in finding the doctor. Summer prices were top-notch, out of proportion to year-round rentals, yet justifiably so inasmuch as the landlord must make a year's income in the two or three months of the season.

Worst of all, improvements that were essential to conducting a practice as it should be conducted could not be made on another man's property, without misunderstandings and eventual loss. The Children's Clinic, as it had begun to be called, must have a local habitation.

I was able to secure a little bare box of a building on a main thoroughfare that ran right through the heart of the town. It had been built as a little combination country store and dwelling; and when I looked at it, in

NAME REF'D BY	DATE MOYR		HEIGHT AGE		WEIGHT SHOULD WEIGH UNDERWEIGHT		LES.	OZ.	IMAG.—
PAT. REF.	Fuller Room Address Bureau A4.	Vol.	Th. Low Malg. Alcohol Neuritis	Winter Miscellaneous		Bones and Sinus			
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PENDING REF.	Brown	Satisfy Partially	..... No. ..... No.	Bury..... Brown Bury..... Black	Why Wounded				
Bottle									
PAT. REF.									
PRES. REF.									
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STOM.	L R	W H	St. No.	Stom.	Stom.	Stom.	L R	Light Anom.	
POSS.	Stom.	Stom.	Stom.	Stom.	Stom.	Stom.	Stom.	Stom.	
WASH.	L R	Stom.	Stom.	Stom.	Stom.	Stom.	Stom.	Stom.	
MOUTH	Teeth Gums	Palate Pharynx	L R	Stom.	Stom.	Stom.	Stom.	Stom.	

its unpromising condition, it was in use as a workmen's boarding and rooming house.

It was a three-story affair, boasting hardly one right angle to its name, as a result of the sagging of timbers and the passing of the years.

By an odd chance, the second story was on the street level, the front entrance flush with the building line, and the basement opened on a gentle grade sloping down from the street, so that this too had a ground-level entrance. The third floor was thus but one flight up from the street level, and an easy flight at that.

As real estate was then, its cost was but two thousand dollars. The decision was made—this would be the pediatrician's new office. There was some doubt in the mind of the purchaser, when the cash had been paid over and he surveyed his prize, whether he had not been stuck, at that!

Here at once, however, was a great advantage. The annual interest on \$2,000, plus fifteen or twenty dollars a year in taxes, plus upkeep, represented a sum less than what a month had cost me in the past. Soap and water, an abundance of shining paint, cleaning up the grounds and cutting the grass, produced a miracle in a very brief time; and a building quite adequate to the demands of a summer practice was made available, at a cost so little as to be ridiculous to anyone used to office rentals in town.

Big, bright colored posters, of the sort put out by railroad and steamship companies in Europe, carried out the cheery color of the paint. Bookshelves, on which reposed books for children, as well as more serious volumes for parents on child care, parenthood, guidance, psychology, and hygiene, cost little more than the foot-wide, inch-thick lumber of which a local carpenter constructed them.

Plenty of children's furniture, with simple, well-constructed, and

**WEIGHT—HEIGHT—AGE TABLE FOR BOYS**



Weight	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Height	5	6	7	8	9	10	11	12	13	14	15	16	17	18
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36	36	36	36	36	36	36	36	36	36	36	36	36	36	36
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PREPARED BY ANDY T. BALDWIN, PH.D., AND THOMAS B. WOOD, M.D.

These new Weight-Height-Age Tables, which are similar to the Wood Tables (formerly issued by the Child Health Organization of America), are the most accurate available.

These tables should be used as a means of interesting the child in his growth, and as a factor in determining the child's health and nutrition.

\* Representing a 50 per cent of presumably healthy children most of whom are active boys. Tables for selected children with detailed information can be secured from the American CHILD HEALTH Association.

\*\* Encourage the annual physical examination of every child by a physician.

Figure 1, on the opposite page, reproduces the author's history form, which is carefully filled out at the initial visit. The reverse side of the form is divided into ruled spaces; for recording weight-and-height progress.

Figure 2, above, is the weight-and-height table for boys; the reverse side contains the table for girls. The author tells how he obtains at negligible cost these tables, as well as quantities of other literature on child care and development, which he stacks in a wall rack (like a railroad timetable holder) for parents to take with them.

Parents are also given a loose-leaf cover, in which to bind a permanent report of examination findings, diet instructions and other data.



From the Office of  
Dr. Frank Howard Richardson  
102 Hanson Place, Brooklyn-New York

Afternoons by Appointment  
Telephone: Sterling 3838

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M \_\_\_\_\_

HAS AN APPOINTMENT WITH DR. RICHARDSON ON \_\_\_\_\_ DAY

AT \_\_\_\_\_ O'CLOCK

IF UNABLE FOR ANY REASON TO KEEP THIS APPOINTMENT, PLEASE TELEPHONE IN ADVANCE

PATIENTS SEEN ONLY BY APPOINTMENT

Figure 3, at left, is the re-appointment blank.

Figure 4, below, is a permanent record for the parent, which is bound in a loose-leaf cover, with other pertinent data and recommendations.

non-breakable toys in abundance, provided for the wants of the youngsters in every room of the building; and on the grassy plot to the side of downstairs entrance, swings, flying rings, a slide, a sand-box, a see-saw, croquet, and various other diversions made them forget they were at the doctors'. The young patients would even ask to be brought back again to the playground!

One touch that added much to the mental comfort of the children we came to gradually, but without any doubts as to its advisability. White furniture, white

curtains, white clothes for physician or attendants were ruled against, for a very obvious reason.

So many children have suffered at the hands of doctors in hospitals or white surgical dressing rooms, that white would be bound to recall unpleasant associations. White is not a bit cleaner than an attractive color; so smocks and robes and office coats are never permitted to be reminiscent of disagreeable misadventures in the past.

Equally attractive to parents is a little touch recently added, the providing [TURN TO PAGE 109]

REPORT OF				DATE
Age	Average of this age			Recommendations
Weight lbs. oz.	lbs.	oz.		
Height ft. in.	ft.	in.		
Chest Circum. in.	in.			
Gen. Nutrition				
Skin				
Development				
Mentality				
Vision	to	ft.	in.	
Hearing				
Speech				
Teeth				
Tongue				
Adrenal Tissue				
Glands				
Heart				
Lungs				
Abdomen				
Genitals				
Spine				
Limbs				

DR. FRANK HOWARD RICHARDSON



# The Challenge

## A MESSAGE TO OFFICERS OF MEDICAL SOCIETIES

By Terry M. Townsend, M.D.

President, Medical Society of the County of New York

Newly-installed officers of local medical organizations all over the country are realizing the intensity of their job this year. Discussions of the problems that will be at the top during 1933 are therefore especially helpful. Dr. Townsend's message clearly outlines certain of these problems—defines the challenge confronting organized medicine.

This article is based on Dr. Townsend's Inaugural Address, January 23, 1933.

I HAVE practiced medicine for many years and I have seen many changes in practice. I have watched scientific fads flourish and die; I have seen sociological theories hold the public enthralled for a moment and then pass into the limbo of their kind.

One thing has not changed, however. Throughout the many vicissitudes of this twentieth century, healing has gone steadfastly ahead; and, through good times and bad, the mass of physicians have clung tenaciously to the scientific ideals and ethical principles that have been their heritage for thousands of years.

Every great system of thought—whether ethical, philosophical, or scientific—has been in the nature of a challenge to the human race. The Mosaic Dec-

alogue, the Christian doctrine of salvation through love, the Buddhist concept of renunciation, were as peremptory a challenge to man's accustomed ideology as, at a later date, the assertion that the earth is round—or the Theory of Relativity. Upon the acceptance or rejection of the summons in each case hinges the story of civilization.

Over four centuries before Christ, Hippocrates formulated the challenge of medicine to the forces of ignorance, superstition, and unscrupulousness. In the famous Oath which guides physicians to this day, he summarized the principles which, even then, thousands of years of attempted healing had shown to be indispensable to medical practice.

Then, as before and since, the gauntlet was taken up; and the entire history of healing is a record of the struggle between medicine on the one hand, and superstition, charlatanry, and ignorance on the other.

The immediate problem confronting the medical profession is not so much to obtain *more* knowledge, but to utilize *existing* knowledge for the benefit of all the people and under conditions that preserve the social and economic rights of the physician!

The first requirement for the successful practice of medicine is a competent physician; and training must combine with natural endowment to produce him. According to [TURN TO PAGE 141]

# Questions of Payment

**I**T is generally understood today that there is nothing unprofessional on the physician's part, in a reasonable expectation that payment will be made for medical services rendered.

Leniency—particularly in hard times, tact, mildness, and dignity: all these are natural and traditional parts of the physician's attitude toward collections.

But what to do when the doctor knows, with reasonable certainty, that he is about to give extended treatment to a dead-beat? Shall he refuse treatment—or give it with the knowledge that the bill will never be paid? (We are not speaking here of charity or emergency cases.)

Certainly, in such a case, the physician has the moral right to bring up the subject of payment in advance. If such is impossible, it is appropriate to consider a written "promise to pay."

The following form is simple, inoffensive in the case it is designed to meet, and gives the doctor a reassurance of payment far more positive than a mere verbal promise.

To  
JOHN JONES, M.D.  
10 EAST BLANK ST.  
CHICAGO, ILLINOIS

For professional services rendered, I agree to pay \_\_\_\_\_ after date the sum of \_\_\_\_\_ dollars.  
DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

The patient inclined to be careless about paying his debts usually settles up rather promptly when his moral obligation is emphasized in writing.

If a more detailed and fool-proof contract is considered necessary, a form like this may be used:

To  
JOHN JONES, M.D.  
10 EAST BLANK ST.  
CHICAGO, ILLINOIS

For professional services rendered,

I agree to pay \_\_\_\_\_ after date at \_\_\_\_\_ the sum of \_\_\_\_\_ dollars, together with interest at the rate of \_\_\_\_\_ per cent per \_\_\_\_\_

If any installment be not paid promptly as stipulated, the legal holder of the note may declare the principal due and proceed by law to recover both principal and interest. If this note is not paid at maturity, the undersigned agrees to pay reasonable expenses of collection, including attorney fees.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

These two forms answer the purpose when the doctor is dealing directly with the patient.

Still another problem presents itself when a third person offers to pay for the treatment of the patient. Here again, the question arises as to whether the promise to pay should be in writing. The answer is less simple but may be stated thus (in what follows, reference is made not to patients of unquestioned integrity whom the doctor *knows* will pay, but to those whose credit standing is obviously not to be trusted):

1. If A (a third person) promises to pay the fee, and requests the physician to treat B (the patient), it is preferable to have the agreement in writing.

Although, as a leading law digest explains, "An oral promise to pay for medical services rendered to another is not within the statutes (i.e. need not be in writing), provided such services are rendered at the request and on the sole credit of the promisor," the physician will be taking an added precaution by obtaining a signed agreement.

When a case turns on whether the third party said, "Take care of him and I'll pay the bill," or whether he said, "Take care of him and if he doesn't pay, I will," it becomes obvious how easily the

# WHEN AND HOW TO HAVE THE PROMISE PUT INTO WRITING

By Ross Dudley

third party may slightly modify his promise when on the witness stand. Should the judge or jury believe his version, the physician not only loses the value of his services but also his court costs and attorney fees.

2. If B promises to pay his own fee and A merely guarantees its payment, the agreement must be in writing.

3. If, after B has been treated, A promises to pay the fee, the agreement must be in writing.

Let us consider some actual examples illustrating these distinctions.

In a case decided by the Illinois Court of Appeals, the court held that:

Where hospital services were furnished at the special instance and request of a physician who had run over such person with his automobile and had brought her to the hospital in an unconscious condition and such physician at the time agreed to be responsible for the bill, statements of the account were made out to him and mailed to him, and no statements were ever sent to the patient and she was never asked to pay the bill. . .

In a comparable case, decided by the Texas Court of Civil Appeals, the plaintiff was a physician who owned a hospital. On a certain date the defendant brought to the hospital one, Johnny Van, who was suffering from a broken leg caused by the negligent act of the defendant and requested the physician to give the said Van all such medical and hospital accommodation as might be necessary; that for such services and accommodation, before same was undertaken, the defendant [TURN TO PAGE 105]

This article was written by a lawyer, but it avoids the common error of regarding the physician's collection problem from a strictly legal angle. The doctor obviously cannot be "hard-boiled." But inroads on his leniency can often be avoided by the suggestions given here, particularly in regard to "third-party promises."



# A Surgeon Writes an

**I**N his review of "Let's Operate," the new book attacking medicine and surgery, Dr. Logan Clendening tells the story of the wise man who once wrote a letter, and upon reading it over decided to add the postscript—"Burn this letter."

Then, reading the letter over a second time, he burned it himself. That's how wise he was!

If Dr. Roy H. McKay, the author of "Let's Operate," had viewed his manuscript with similar wisdom he would have burned it—or at least buried it in stone for a later generation to read. That he had some misgivings is indicated by his introductory statement: "This book was written with great reluctance."

Those of the medical profession who understand and deplore the present trend of public opinion in regard to medicine, will regret even more keenly than its author that this book had to be written. They know that the present is a particularly ill-chosen time to focus a spotlight on the unkempt corners of medicine.

Evils do exist in our profession, as they have existed in every walk of life from time immemorial. The question is: Can we bring about a medical Utopia by exposing such evils to the public gaze?

Read a few typical passages from the book:

And they call them "clinics." A better word would be "abattoirs."

In my judgment, he performed thirty-seven Caesarean sections that he might read a paper before a medical society.

How many of the "ear, nose and throat specialists" don't know their specialty?

Swearing away lives for fees and publicity.

From the humane standpoint, the most destructive feature of Dr. McKay's book is not these direct accusations, bad as they are, but the detailed and shocking discussions of

# Expose of Surgery

operating-room incidents, of diagnoses that went wrong, of behind-door conversations among physicians. This is hysteria-fodder of the worst sort. Dr. McKay has placed it on sale to the public at \$3 a copy.

The author is a Fellow of the American College of Surgeons. His motives in writing the expose are above question; it is clear that he aspired to do a courageous and noble thing in thus opening the back windows of medicine and surgery, even at a sacrifice of popularity with colleagues. He probably had in mind the effectiveness of the expose method of correcting evils in, say, the political "profession."

But there is a vast difference between government and medicine. There is no such thing as a political neurotic. Political bombshells can be exploded with little danger to the general populace.

Not so with medicine. Bombshells of this character leave the men they are intended for virtually untouched, serve only to throw a cruel and unnecessary scare into the public. For every ounce of constructive force there is a ton of destructive force.

Dr. McKay must have had some inkling of this danger, for here and there through the book, after describing a particularly vicious or blood-curdling incident, he has said in effect, "Of course, most of us doctors are honest, conscientious, capable, and thoughtful."

But that does not undo the damage. In the minds of a public already largely neurotic and doctor-suspicious, to accuse some physicians is to accuse all physicians.

In the name of humanity, let cure of the evils in our profession be accomplished by self-discipline—not by exhibitionism.

H. Sheridan Baker

# Memory Etchings

## DEMI-GODS OF YESTERYEAR

By Leigh H. Hunt, M.D.

*"Ghosts, old and obsolete and perhaps never revived, save by such extravagant and irregular heads as mine."*

**T**HERE are men and men," says Thackeray; eke there are Scotch and Scotch. The president of the Long Island Medical College, straight Scotch, was as gentle, imperturbable and deliciously humorous as his countryman, Darling, was not.

Alexander J. C. Skene had a head like that of Jupiter Otricoli, and encircling his dome of "distinguished baldness," as George Eliot would call it, was a wreath-like cluster of iron-gray hair. The fine head dominated a large torso, tapering to a slender waist and down to small feet, his general contour being that of a thumb-tack—his own description of his own silhouette.

His slow, dignified movements, his shape and his embrowned complexion, made one think of a Turkish Pasha, a comparison not wholly displeasing to the doctor. Skene was versatile; he was a sculptor of note, and his marbles and bronzes were shown in the National Academy exhibitions.

He was a lover of art, of nature, and of music. Generous to a fault, he really dispensed hospitality, and every night his city home or country house resembled a modern week-end gathering. This Amphitryon was abstemious; he dined but to arrive at the coffee. In the profession his reputation as an operator was *facile princeps*. Indeed, operations were named after him. The touch of

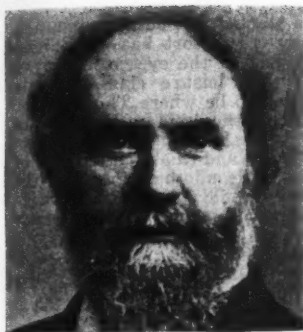
this surgeon was sure and deliberate.

Sir Seymour Haden took up etching, it is said, to steady his hand, and Skene, who had entertained this great London colleague just before on operation at his clinic, would ask his clinical assistants (while he held a scalpel in one hand and a pad of tissue paper in the other), "How many layers shall I cut through?" And the number called out would be severed with exactitude.

He was a sort of kind uncle to his patients. "My dear," he once said to a lady who was leaving his office with a remedy for falling hair, which he had prescribed for her, "if you do find that any good, please tell me, for I myself sadly need it."

Children's Diseases was a term synonymous with Abraham Jacobi's realm in medicine. His shape, even more than that of Skene, was a thumbtack's; his thick locks were clustered about an enormous head; and his distinguished Oriental face was aglow with eyes liquid, impenetrable, and of the indescribable color of sloe-berries. He covered himself with an immense, black, soft felt hat, the width of whose brim was in inverse proportion to the height of its crown.

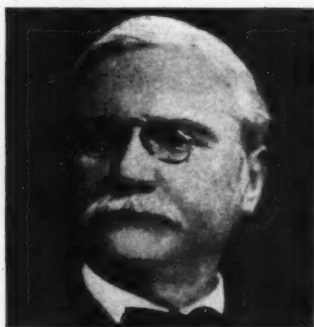
Sixty years and more ago, the children of the Ancient Race were not so numerous in New York City; and in States far from New York, they were still rarer. Skene used to tell with



ALEXANDER J. C. SKENE



ABRAHAM JACOBI



WILLIAM M. POLK

This is the second group of reminiscences by Dr. Leigh H. Hunt, who forsook medicine early in his career to become professor of art in City College, N. Y. A half century of distinguished work has brought him recognition as one of the foremost etchers of all time.

genuine glee of Jacobi's riposte to a real woolly Westerner, full of inquisitiveness. This man, while Jacobi was "washing up" after a clinic, made his way close to him and eagerly whispered, "Professor—are you a Jew?"

Jacobi continued toweling his hands while he gravely turned to look into the student's eyes, and very deliberately said, "Yes, I'm a Jew, but I am not a damned Jew."

Dr. Jacobi's wife, Mary Putnam Jacobi, was, I think, one of our pioneer woman doctors.

Up from the South, "when the cruel war was over," came two distinguished physicians, to take the New Yorkers by storm, to be given chairs, at different times, in our Physicians and Surgeons University, and Bellevue Hospital Medical Schools, the great trio of the '70's and '80's.

T. Gaillard Thomas and William Mecklenburg Polk! Polk, son of the "fighting parson," was proud of the Mecklenburg in his name, that town boasting the romance of a Declaration of Independence before the Fourth of July, 1776. He came with polish, courtliness, an inexhaustible supply of kindness, and the habit of using "Sir," in conversation, to which we New Yorkers were quite unaccustomed. A favorite in society, this professor of gynecology also rapidly became a notable figure in urban practice.

Three hundred students, gathered from all quarters of the



globe, were dazzled when he came to the night-quiz all figged out in evening dress; not the jacket of to-day, but tails, white waistcoat, standing collar, and white lawn tie. What a cheer! Many a student beheld for the first time, I'm sure, a gallant, aristocratic gentleman "in full warpaint."

Came another ovation when he encouraged a man who had started a fine answer to his question on the development of the ovum, but who stammered and stuttered when about half way through, "Go on, Sir! Go on! Do not stop, Sir! You are doing so damn well, Sir."

But, the dominant social doctor of Gotham, the acknowledged dean of our medical men was the handsome and debonair T. Gaillard Thomas. Thomas held his head high challengingly, perhaps arrogantly, but never aggressively. His low voice was as low and mellow as was Doctor Skene's, but the accent was most decidedly Southern, and his pronunciation sure.

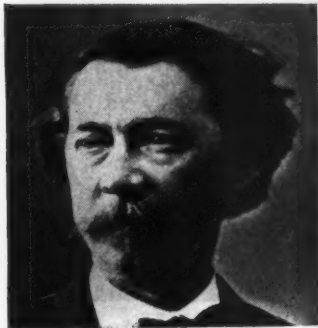
Thomas was like a *boute-en-train*—a bird put with other birds to make them sing—and in any professional or social gathering, wherever Thomas sat was the head of the table. Under his leadership a colony of gentlefolk

was started at Southampton, and today this resort has supplanted Newport in the eyes of what we call the "leisure class." People wanted to be where Thomas was. He had the kind of personality by which he could refuse a man a favor and make a friend of him, while another, granting the favor, would be more likely to make an enemy. In those days striking personalities existed and made their mark; the poor word "personality" was not mauled and manhandled as it is today.

The last and most dramatic, or flamboyant, of my memory-men is R. Ogden Doremus, a professor who made chemistry and her allied sciences popular. He opened the eyes of young America to the fact that these subjects really existed. In some one of the various "halls" that fifty years ago were scattered through lower New York City what awe he evoked with his large array of gleaming apparatus and his magician-like experiments! Combining two colorless fluids to make ink, and revealing by test and demonstration how much of awful poisons like lead and arsenic were in the water we drank and in the food we ate—these revelations stirred New York when lectures [TURN TO PAGE 151]



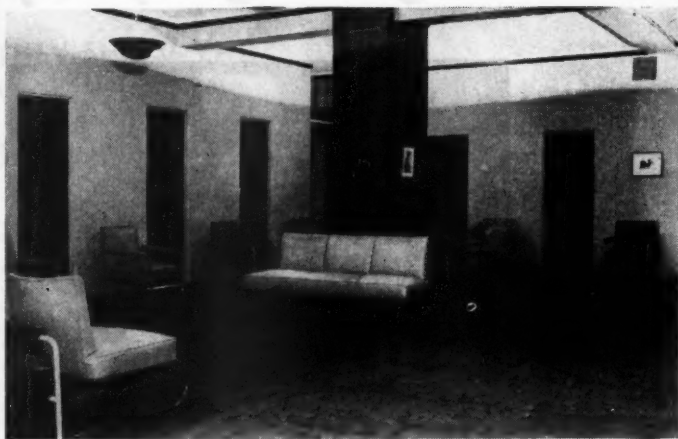
T. GAILLARD THOMAS



R. OGDEN DOREMUS



## Chicago's "Cut-Price Clinic"



Medical eyes, some of them skeptical, others frankly censuring or praising, are upon the United Medical Service, Inc., new Chicago clinic, whose doors opened January 16 "to people of limited incomes."

Heading the project is Dr. Joseph G. Berkowitz, one-time president of the much-discussed Public Health Institute, whose frank advertising to venereal-disease patients, and "mass production" methods, were anathema to most Chicago physicians.

Examples of United Medical Service, Inc. charges: 15 minutes of X-ray therapy (300,000 volt machine), \$2; confinement, including all fees and ten-day hospitalization, \$30. Prescriptions will be filled by the clinic's own pharmacy at similar low rates.

Spokesmen vigorously deny that quality of service will be lowered, saying, "Members of the staff have been warned that the theory of the clinic is not mass production and that each patient must be treated thoroughly, expertly, and with courtesy. Speed is an essential factor, however, and this will be accomplished by eliminating as much as possible social visits with the patients which have become a part of the practicing physician's routine."

About twenty physicians comprise the active staff. Including consultants, the entire medical staff is said to number 300. Departments are: general medicine, X-ray, neurology, proctology, urology, gynecology, dentistry, cardiovascular, respiratory, gastro-intestinal, and eye, ear, nose, and throat diseases.

(Photograph shows the main reception room.)

# Teaching Surgery by



This photograph shows how surgical motion pictures are made, according to the newest technique.

The camera is on a tripod, covered by a sheet, at left. Notice that the lens of the camera is in line with the eye of the surgeon.

The proper set-up calls for illumination on each side of, and somewhat behind, the camera. Here the illumination consists of two flood lights for general illumination, and two spotlights for concentrated illumination of the operative field. The second pair of lights can be seen at the extreme left.

The surgeon and his assistants are so placed as not to interfere with the camera, or with the light. Thus they do not obscure operative steps or produce shadows in the operative field.

# Motion Pictures

## THEY SHOW THE MASTER'S SKILL

By Jacob Sarnoff, M.D.

FIFTY year ago, Theodore Billroth remarked, "A person may have acquired from books a vast amount of medical knowledge; he may even have memorized from books the technique of its application. Such a person has much knowledge of medicine, and yet with it all he is no physician. He must see and hear the Master's diagnosis, prognosis, and treatment of disease. *He must witness the Master's Skill in action in order himself to become a practitioner.*"

The advent of surgical motion pictures readily enables one to witness such masters.

It was my privilege to write on the subject of surgical motion pictures some years ago. Since then many cinematic developments have taken place which make it appropriate to present a supplementary discussion of this subject. Members of the medical profession now acknowledge beyond any doubt the value of motion pictures as an aid in teaching. A few years ago, however, some were quite skeptical and questioned the merits and motives of such presentations.

In an article entitled, "The Dangers of Surgical Movies and How to Avoid Them," which appeared in the New York State Journal of Medicine, January 15, 1928, I enumerated the problems and the solutions entailed in the taking of motion pictures. Since then a great many cinematic me-

chanical aids have been developed which obviate some of these difficulties.

Among them is the medical spotlight, which is air-cooled, and which enables the surgeon to obtain a powerful light with little heat, thus avoiding burns and other possible injuries to tissues. The proper set-up for the taking of pictures (see accompanying illustration) requires the cooperation of the surgeon, his assistants, the anesthetist, and the nurses, as well as the cameraman who should be thoroughly conversant with surgical technique.

Heretofore, in order to obtain a motion picture for presentation, one had first to make a negative from which to obtain a positive print. The editing of such a negative is quite complicated and difficult, requiring a great deal of time, experience, and expense. This is all obviated by utilizing the various 16 mm. films now on the market which are of the reversal type. This photograph film is developed as a positive, thereby eliminating all these difficulties.

Both the cameras and the projectors now available, together with the 16 mm. film, are less expensive and less cumbersome and serve all practical purposes of presentation. These films can be projected with great satisfaction to an audience of 500 or more. Another great technical advantage recently developed is the close-up lens, by means of which an object can be magnified a number [TURN TO PAGE 121]

# MISCELLANEA

**T**HE air of expectancy now hovering over the United States has in it something of the tenseness of the old movie scene in which the great eye specialist slowly unwraps the bandages from the patient's eyes. Will the operation be a success, and the patient's eyesight be restored to him? Or will tragic disappointment be the result?

The voters are looking to the Democratic Administration for a miracle fully as great as restoring vision. When the bandages start to unwrap on Inauguration Day, March 4, the nation will figuratively hold its breath to see whether the operation performed on Election Day was a success.

Of course the answer will not come in a few days, or in a few weeks, but with a Democratic President, a Democratic Senate, and a Democratic House, the country will have every right to expect an early fulfillment of promises and predictions. And if these don't arrive—?

So confident that the new administration means a new deal in every way was Dr. George Brown, of Atlanta, Georgia, that he emptied his files of \$81,632 in unpaid bills, dumped them on the ground, and set fire to them. In a few moments, night calls, confinement cases, appendectomies, and fractured ribs were represented by a little pile of graying ashes.

The so-called "clams of industry"—those Big Business leaders who have stood pat and said little

during the past three years—are now emerging from their shells with words of optimism that really mean something. *Tangible* evidence of improvement evidently was awaited by these gentlemen before they expressed their opinions—an object-lesson to us all.

Business has not made any spectacular gains since the beginning of the fall, but the various thermometers used in appraising its condition prove that it has at least held its own and is continuing to do so.

The Commissioner of Internal Revenue recently decided that a physician's prescription for a cosmetic preparation would be held taxable under the Revenue Act of 1932.

Physicians will be interested in the approach of the technocrats to social metabolism (see Floyd Parsons' article on page 40). These "men of tomorrow" assert



\$81,632 BONFIRE

that the American standard of living under a technocratic regime would be ten times as high as it was in 1929. Such a removal of the old economic handicaps, if feasible, would herald a new day in medicine with progress unhampered.

France's failure to pay her December debt installment to the United States has lead to considerable comment about her "gross ingratitude." Certain Washingtonians who make patriotism a business have even gone so far as to urge the attachment of property in the United States belonging to defaulting nations, and to propose that the flotation of additional loans on this side of the Atlantic by these countries be stringently forbidden.

Such swashbuckling talk would seem to offer no results. It will have only the unfortunate effect of aggravating a condition already sufficiently distressing.

Perhaps a new international holiday, to be known as "Debtors' Day," would help. Even governments could participate in it.

Head of the Child Conservation Conference, Inc., St. Louis, Missouri, is a physician's wife. For helping needy mothers, and at the same time promoting health through greater milk consumption, and financing their own welfare activities, a more ingenious plan than theirs would be difficult to find.

Basis of the plan is the sale of milk, in sealed cardboard containers, to workers in factories and office buildings. The mothers, many of them leaving unemployed husbands at home to care for the family, are given routes, manage to work up a lucrative, noon-lunch market for milk. At five cents per container, two cents goes to the mothers who

cover the route, two and three-quarters cents go to the milk company, and one-quarter cent goes into the treasury of the Child Conservation Conference.

The fund so maintained pays for purely charitable activities, chief of which is supplying clothing and milk to needy children.

As many as forty women have been so employed at one time, individual earnings running as high as eight dollars per day.

Depression or no depression, new ideas, new products, new methods continue to come to us. Here are some of the new things we may expect to run across during 1933:

Milk bottles with tops sealed in cellophane, thus preventing all possibility of contamination; chimes created by tiny units of metal, whose sound, amplified by loud speakers, will boom over the landscape in imitation of heavy bells; a non-greasy substance, which, rubbed into the skin beforehand, effectively seals the pores against dirt, grease, and other foreign particles (and is said to successfully protect against industrial dermatitis).

One of President Hoover's parting shots at waste before retiring from office is included in his recent budget message to Congress. In this, he advocates an amendment of the World War Veterans' Act, eliminating free hospitalization for disabilities not received in service, provided that the veteran's income be at least \$1,500, if single, and \$3,500, if married.

Electrical engineers suggest that there may be a serious diagnostic use for a new acidity-registering instrument called the Electrynix. The device is about the size of a large watch, looks like a battery tester. It has two protruding wires, which, when set in opposite ends of an apple,



## Comfort for the Elderly Patient with Urinary Infection



**E**LDERLY PATIENTS with urinary infections, who are not in condition to endure radical procedures or even the usual diagnostic study, may frequently be kept comfortable from local symptoms for indefinite periods with no other treatment than Caprokol by mouth.

Send for literature.

### Sharp & Dohme

PHARMACEUTICALS • BIOLOGICALS • *Philadelphia • Baltimore • Montreal*

# CAPROKOL

(HEXYLRESORCINOL, S & D)



register the difference between the tart and sweet varieties in terms of amperes. The principle used is the old one of electrodes placed in an acid medium; reason the device works is its extreme sensitivity (it will register a change of one-millionth of an ampere).

The suggested diagnostic use in medicine is registering accurately the degree of acidity of the body.

### Ever hear of The International

Fixed Calendar League? It is an organization to promote the use of a new, more scientific calendar—one divided into 13 equal months of 28 days each. Everyone knows the advantage of such a calendar, as opposed to the old one, with its uneven months, and varying dates.

Latest feather in the League's cap is the decision of the Yale Medical School's Clinic of Child Development to use the 13-month calendar. Reasons: statistics on child development are easier to compute, more accurate.

Insurance men agree that although the sickness rate, and the rate of death from sickness, have decreased since the depression began, the number of accidents and claims resulting from accidents have increased enormously.

On the cover of its last annual report, the National Society for the Prevention of Blindness, Inc. prints a picture of a bright-eyed child holding a songbook. Underneath, accompanied by the familiar three bars of music, is this pun: "O Say Can You See?"

Punsters or not, there can be no questioning the sincerity with which this organization is carrying on its great work for the conservation of eyesight. Among its manifold activities, the one most interesting to physicians is the effort to bring about recognition

and treatment of vision defects in early childhood. The society wants to have all children entering school in the United States checked for eyesight, treated competently if found deficient, and assigned to special "sight-saving" classes if found to be permanently so.

For years the society has carried on a campaign of education through the usual channels of publications, lectures, lantern slides, exhibits, etc., to stimulate public interest in eye health. Its chief contact with the medical profession has been through ophthalmologists.

Just now, college students are apparently not worrying much about a metamorphosis in medicine. In a questionnaire directed to 500 Harvard freshmen, 89 indicated their intention of becoming doctors. Among the professions, medicine has been by far the most popular for the past two years. Physicians in practice wonder why!



TRAGIC PUN

# Everybody's Business

By FLOYD W. PARSONS

**T**HE technocracy scare is over. It had to come sooner or later as a natural reaction to the bombastic utterances of the overzealous disciples of a machine civilization. Everyone is breathing easier since the subject was dragged into the open and stripped of its mystery.

It is even probable that the Technocrats are rendering the nation a real service by directing attention to age-old evils that have been passed over too lightly. Out of the battle of words will come a far better understanding of machines, money, methods and men in their relationships to each other.

Let me try to set forth briefly the answers to several pertinent questions. Who and what is Technocracy? What are its claims? What are its aims? Is it a sound philosophy? What will be the outcome?

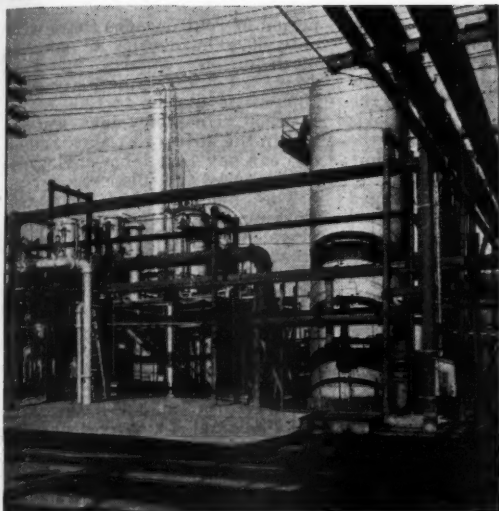
The leader is a fanciful figure—vague, idealistic, socialistic, apparently in earnest and probably honest. He is not an engineer, was associated with a syndicalist movement, worked in a cement-pouring gang at Muscle Shoals, and was accused of war-time sabotage by the superintendent of the job. The fantastic background of technical accomplishments built up for him has been completely destroyed. Several others associated in the movement are reputable engineers.

There is nothing particularly new about Technocracy, not even the name. A California inventor, William H. Smyth, wrote a number of articles on Technocracy in the paper, *Industrial Management*, in 1919. He insisted that we must consolidate our national force to the accomplishment of a unified national purpose. He said, "For this unique experiment in rationalized industrial democracy I have coined the term 'Technocracy.'"

Technocracy, as it now appears, is a discredited philosophy because of its inaccuracies, exaggerations and unprofessional presentation. It may be subjected to a house-cleaning that will make it less fantastic and more respectable. Today it stands forth as a carefully timed effort to stampede discontent—to transform fear into panic by sensational utterances.

It has failed to play fair with a sorely-pressed nation of anxious people, and those who have joined with it to publicize their doctrines are justly open to the charge of being propagandists instead of engineers. Their methods have aroused suspicions





Courtesy Standard Oil Co. of N. J.

## WHAT ABOUT TECHNOCRACY?

"Present distress indicates the need for changes. Technocracy has aroused thought and crystallized opinion, but it does not point the way out."

of plots and rackets, backed by hidden motives. The dignity of technical research is absent.

The claims of Technocracy in a general way are as follows: We face disaster because of failure to recognize that physical wealth must be measured in terms of energy. We must do away with our present price system and value each article according to the amount of energy expended in its manufacture. Machine methods and mass production have doomed capitalism.

It is further claimed that under Technocracy we can increase our standard of living 10-fold and yet work only 16 hours a week; that each person can have a buying power of \$20,000 a year; and

that it is hopeless to measure our trade and industrial process with a yardstick as flexible as a rubber band; and that Technocracy is infallible because it is an integration of physics, chemistry, geology, geophysics, thermo-dynamics, zoology, biophysics, biology and physiology. Here let us note that psychology, or "human nature," is omitted.

Technocracy aims at the following: The creation of a great "energy state"—an engineering Utopia, the abandonment of the gold standard; the abolition of privately owned property; the removal of the yoke of special interests that enslave statesmen and politicians; the determination of the magnitudes and char-

that chaos is inevitable unless we accept these conclusions.

It is also asserted that we must have a new government by scientists and engineers. Politics must bow to the supreme force of the new scheme. Economists must recognize that their science has fallen centuries behind the advance of the physical sciences, such as engineering and chemistry;

acteristics of the physical forces upon which the maintenance and growth of our civilization are founded; the setting up of a new kind of reward for work; the production of goods on a basis of service, not profit; and the establishment of distribution centers where certificates of energy units may be exchanged for such goods as the individual desires—the goods being priced in terms of the energy unit.

Let's examine this widely advertised program of social and industrial revolution. The disciplines of the new philosophy are not in agreement on either their aims or methods. Ancient ills that everyone would like to see remedied are included. Many of the proposals are purely theoretical and would never hold good in actual practice. Fragmentary evidence has been used to arrive at major conclusions. Accuracy has been sacrificed to gain attention.

Technocracy runs wild when it presents statements which, carried to a logical conclusion, indicate that 100 brickmakers can do the work of 35,000 and that 17 flour-mill employees can perform all the duties now taken care of by 27,000 men and women.

Its philosophy falls flat when it assumes that sound conclusions can be based on fragmentary evidence; that present abnormal unemployment is the result of technological displacement; that we can predict with accuracy what human beings will think or do tomorrow; that everything was grand until the machine came along to upset life and industry; that the demand for goods will soon become stationary; and that the future can be measured by kilowatts with human nature left out of the picture.

The truth is that after 40 years of intensive mechanization in the United States there were 72 workers per 1000 of population in our manufacturing industries, whereas at the beginning of this

period of four decades there were only 69. The density of employment in our country increased from 383 breadwinners for each 1000 of population in 1900 to 398 in 1930. Unemployment was as bad in the 1870's as today, and no one can say that labor-saving devices caused the idleness.

The machine has shortened working hours; opened more employment doors than it has closed; created jobs for millions of people in the advertising and sale of new products and services; democratized art by making it accessible to everyone; reduced the death rates in many kinds of work, in some cases as much as 60 per cent; and brought us universal education and a sufficient margin of profit to free children from labor in mills and factories.

Present widespread business distress clearly indicates the need for drastic changes. Among other things, we must concentrate greater attention on the creation of new industries, new products, and new services, as well as better mechanical devices. We must develop a sound plan of national industrial planning, bring the flow of credit under closer control and devise a practical plan that will permit corporations to go ahead with their work of expansion along lines that will make invested capital more quickly self-liquidating.

Fortunately, the remedial measures are rapidly taking form.

In the meantime, let us not forget that in spite of all the talk about a declining birthrate, our population will show an increase of 12,000,000 in the next ten years, and that's as many people as now inhabit a dozen of our States.

Technocracy has rendered a service by rousing thought and crystallizing opinion, but it does not point the way out. Something more than vapor must come from its research cauldron if it is to provide the nation any substantial assistance in the present emergency.

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# "The Birthday Book"

CHILD-PATIENTS LIKE  
TO BE REMEMBERED

By Kenyon B. Segner, M.D.

IT'S the little things that count,  
goes the familiar platitude.

And how small the things are,  
sometimes, that create for the  
us uni-physician a remembered place in  
the minds of his patients!

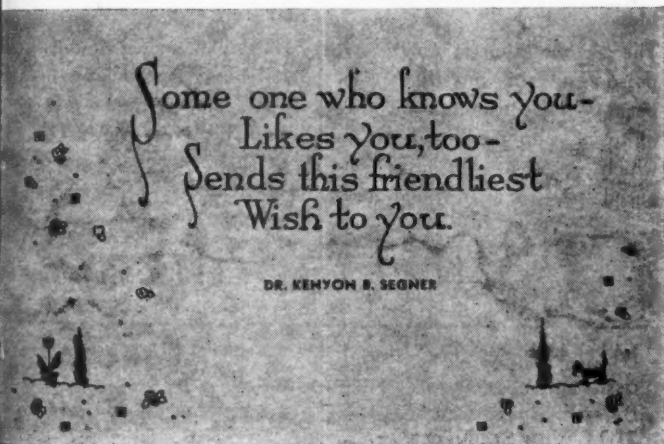
With children this is particu-  
larly true. They respond eagerly  
to any attention shown, and sel-  
dom forget the person who takes  
a genuine interest in them.

For years, I have made it one  
of my customs to send birthday  
cards regularly to all youngsters  
under my care. I am glad that  
I began the custom, and that I  
have kept it up.

I buy the birthday cards direct

from my engraver, employing  
two kinds: one for children under  
eight years of age, and one for  
those over eight years of age. My  
name is printed on each card.

On the first of every month my  
secretary addresses all the cards  
for that month, stamps the en-  
velopes, and places them in  
chronological order in "The Birth-  
day Book." Each day, then, the  
cards for the following day are  
handed to the mailman, and all  
the children who receive them are  
glad to know that their doctor  
has remembered their birthday.  
Of course, the cards usually come  
to the attention of the parents



The author sends this greeting card to child-patients on their birth-  
days—a courtesy appreciated by children and parents alike.

# Sal Hepatica for the Rheumatic Patient

**E**VERY practice has its example of the long continued, semi-acute type of rheumatic case. In this condition an important primary requirement is the maintenance of a proper alkaline reserve in the blood stream.

The accumulation of wastes and poisons in the intestinal tract permits the constant absorption of toxins into the blood stream which upset its normally balanced proportions and pro-



duce a general toxemia.

The mildly laxative effect of Sal Hepatica sweeps the intestinal tract clean of

poisonous material, and its alkalizing effect tends to restore the toxic blood stream to a normal state.

Sal Hepatica has found favor with many physicians because it is efficient, palatable, and obtainable everywhere. The coupon will bring you a sample for clinical test.

## \* Sal Hepatica \*

**MEMO to my assistant:** Send to Bristol-Myers Co., 71 M West St., New York, for a professional sample of Sal Hepatica (gratis.)

Name \_\_\_\_\_ M. D.

(Please enclose card)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

(which is far from being a disadvantage).

I, personally, rarely know when any particular birthday occurs, unless I happen to make a check of the Birthday Book to be sure that certain children are still alive.

Even though a child may have moved to another city and is no longer an active patient of mine, I continue to send a birthday card each year. After all, the child may come back, or may write to some friends at home to say that a birthday card was received from me. In the long run, this all helps to build friends.

It often happens, especially with the smaller children, that they will have a birthday party in session about the time my card is delivered. Whenever this oc-

curs, I am sure their pleasure at receiving even such a trifling remembrance is well worth while. Indeed, every few days some child or parent will thank me for a birthday card, thus proving that it has been appreciated.

For elderly patients, birthday cards are appropriate too. I send a card to nearly every one of them I have attended, and I find them to be fully as appreciative as the small children.

To some, the custom of sending birthday cards may seem trivial and hardly worth the trouble, but in my opinion, it is just another of those small courtesies that we can render certainly with no loss of dignity, and with the very great enhancement of our thoughtfulness in the eyes of the patient.

## Dr. Boone receives decorations



Captain Joel T. Boone (left), President Hoover's personal physician, is given the purple heart and silver star medals by Secretary Hurley of the War Department, in recognition of World War heroism.

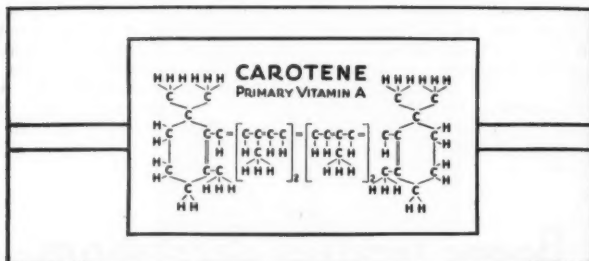
**Now.. you can prescribe**



## **BOTH forms of vitamin A:**

—the primary form, carotene, of vegetable origin

—the secondary form, as present in fish liver oils



Carotene (primary vitamin A) is the essential food factor provided by nature to meet certain important bodily requirements and is necessary for the synthesis of secondary vitamin A by the liver. Carotene is to vitamin A therapy what sunlight is to vitamin D therapy.

### **CAROTENE**

Cod liver oil, halibut liver oil and other fish liver oils do *not* contain carotene (primary vitamin A) and the secondary form which they do contain, cannot be converted into primary vitamin A. Carotene should be prescribed either alone or with other vitamin products.

**..to make sure your patients get PRIMARY vitamin A, prescribe Smaco Caritol {Carotene in vegetable oil} Product No. 509**



**ALONE**  
or with any  
of these  
products:

Plain or flavored cod liver oil  
Cod liver oil with viosterol 10-D  
Viosterol 250-D  
Halibut liver oil, plain, or with viosterol  
Sunshine or ultra-violet light therapy  
Cod liver oil concentrates or tablets  
Smaco Concentrated Vitamin D

a 0.3% solution of carotene in vegetable oil... absolutely no fishy taste... deep red color... 15 c. c. and 50 c. c. protec-

tively colored bottles... small five to ten drop dosages... high potency... use alone or with other forms of vitamin therapy.

# Physicians Don't Want Contract Practice

By D. F. Ward, M. D.

IT is true that contract practice would aid those physicians who are obtaining at present only a small recompense for the service they render. But such a rob-Peter-to-pay-Paul plan is, in the main, communistic.

The great majority of physicians do not want anything resembling contract practice; and the arguments which I propose to outline here represent the viewpoint, I am sure, of countless members of the profession who desire to be reimbursed only in accordance with a system whereby many would be overpaid, and many others underpaid.

The ermine is a valuable little animal, and solely because of the glossy pelt which covers its worthless carcass. Remove the pelt, and the animal is without commercial value.

What the hide is to the ermine, so is competition to the medical profession—or to any other profession or business, for that mat-

C. Rufus Rorem, Associate for Medical Services, Julius Rosenwald Fund, outlined the cause for contract practice in November MEDICAL ECONOMICS, by an article "Do Physicians Want Contract Practice?"

That this form of medical service has gained acceptance among a number of physicians during the past decade can not be doubted. Many doctors feel today that experiments with contract practice are not only justified but desirable.

However, it should be remembered that the words, "contract practice," have long been anathema to many medical men, and that a substantial body of physicians still regard the movement with disfavor. The author of the following article, a beginner in medicine, is one of these.

Since the organization of medicine is destined to undergo revision in the years ahead, MEDICAL ECONOMICS aims to present this and similar controversial subjects from all angles.

ter. Competition, not cooperation, is the spice of trade. Remove competition, and you not only stunt ambition, but retard progress.

In a non-competitive regime of contract practice, progress would not be fathered; and the most exalted of the professions would slip back to a place it held hundreds of years ago. The medical man would become a tradesman or, even worse, a mere automaton.

Medicine has built itself up on the age-old adage of the "survival of the fittest." It is only those

# FOR THE TAMPON AND THE DOUCHE

LORATE, the new principle in vaginal irrigation affords on the tampon the same striking advantages:

- ABSOLUTE SAFETY AT ALL TIMES, EVEN IN OVERDOSAGE
- NO IRRITATION—NO TOXICITY
- RELAXATION OF TISSUES
- ALMOST IMMEDIATE ACTIVITY
- ANTISEPTIC AND SOOTHING

To use on tampon, make thin glycerine paste . . . Apply on moist tampon

SEND FOR SAMPLES

LORATE COMPANY, INC.  
303 W. 141st STREET, NEW YORK, N. Y.

## LORATE AS DOUCHE OR FOR IRRIGATION

Two teaspoons to the quart of warm water removes secretions more effectively than ordinary douche preparations



Please send me professional samples and literature on LORATE.

NAME \_\_\_\_\_ M. D.

(Please enclose card or print plainly)

ADDRESS \_\_\_\_\_

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who feel that they have been underpaid for their services, who are beginning to whimper.

I have been in practice for a little over a year. Naturally, my income is not yet large enough to afford me several reasonable luxuries I desire. In fact, at times, I must deny myself a few necessities.

No doubt my income would be increased under the contract system; nevertheless, I want no plan that is going to tell me just how much I will earn from one month to another. If I earn, under the present fee system, a thousand dollars a month, it will be because of my own efforts.

No profession is more ethical than medicine. It does not advertise. A physician has no way of obtaining a lucrative practice other than by the value of his work, his contacts, and an element of good fortune. Were I able to make only \$50 a month, I would have no one to blame but myself, and would countenance no feeling of jealousy for those who were able to earn more.

The contract system, being communistic, would tend to dwarf the physician's natural desire to better himself. And when that happens, humanity suffers. Not only would carelessness be encouraged and research discouraged, but *with the advent of contract practice the entire mountain of medical science would labor and a child of dissension would be born.*

In changing to any system as radical as contract practice, the patient should receive primary consideration. A good many practitioners seem to forget this. A few also seem to forget that the contract system encourages the cheapest and quickest way out—which is usually not the best.

Another point which seems important to me under the contract and also under the state medicine plan, is that the equipment furnished the medical man would be

inferior to that with which he would normally supply himself for private and competitive practice. False economy again. Humanity suffers.

Medicine is one of the oldest and most revered professions today, and its members are better trained and more competent than ever before. For this reason, I have faith that its intelligence will not permit any radical or destructive changes to be made.

Our task at the present time seems to be the healing of a festering condition extant within our ranks. This so-called festering—this dissension—is caused principally by those members who lack sufficient energy to build up a practice. They want to have their patients brought to them on a silver platter.

So let me ask this question: Does the medical man want to continue as a confidant and healer of human ailments; or does he desire to follow the profession merely for his interest in its mechanics?

The contract system destroys the human element in the practice of medicine, and the old "family doctor" becomes just a memory. Under such a plan, I would not encourage any younger man to spend eight years of difficult training in the prospect of working for a salary.

•

Don't you who are reading this article condemn the contract system as destructive and cancerous? Don't you agree with me when I say that physicians don't want it?

Whatever your views, why not jot them down for others to read? The columns of MEDICAL ECONOMICS afford a logical place for discussion of this nature; and I am sure the Editors will continue their policy of presenting any clear, candid arguments that their readers have to offer.

[EDITORS' NOTE: We will.]

# TOLYSIN... AND THE

A comparison that indicates the superiority of Tolsin, the neutral chemical, as an Analgesic and Antipyretic especially for the relief of Rheumatoid and Arthritic conditions.

## TOLYSIN

*(The Ethyl Ester of Para-Methylphenylcinchoninic Acid)*

### Analgesic and Antipyretic

#### Tasteless

Neutral—Tolsin, a neutral chemical, is the Ethyl Ester, not of Cinchophen, but of Paramethylphenylcinchoninic Acid

Practically non-irritant—Tolsin rarely produces nausea or vomiting

Relatively non-toxic with a wide therapeutic range—six times (in dogs) that of Aspirin

Exerts a definite anti-plastic or anti-inflammatory effect

Semi-specific analgesic action upon pain involving the muscles, tendons, joints or their appendages, in contrast to the more general analgesic action of the Salicylates

Does not harm the heart or kidneys

A uric acid eliminant

*SAMPLES: Samples of Tolsin are available for those physicians who have yet to observe its fine qualities.*

PHARMACEUTICAL  
A UNIT OF AMERICAN



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CYANAMID COMPANY

THE CALCO CHEMICAL COMPANY, BOUND BROOK, N. J.

## TOLYSIN

Ethyl Ester of Paramethylphenylcinchoninic Acid  
ANTIPYRETIC and ANALGESIC

# SALICYLATES

The common practice of resorting to Tolysin medication, after the Salicylates have proved partially or wholly inadequate, indicates the economy that results from the prompt use of Tolysin in effective dosage.

## THE SALICYLATES

*(Including various salts and mixtures of this widely known coal tar chemical)*

Analgesic and Antipyretic

Frequently the cause of albuminuria

A distinctive and unpleasant taste

Cause of nausea and gastro-intestinal irritation

Lacking in definite anti-plastic or anti-inflammatory effect

Produce less favorable analgesic effect upon muscle, tendon, and joint pain

Therapeutic range definitely shown, in the case of Aspirin at least, to be less than that of Tolysin; (Aspirin has one-sixth the therapeutic range of Tolysin in dogs)

Lack of strong uric acid eliminating effect

*Tolysin is available everywhere for the prompt filling of prescription requirements.*

**Calco**

The Calco Chemical Co.  
Bound Brook, N. J.

MI 2

Gentlemen: Kindly send me a sample of Tolysin.

Doctor.....

Address .....

City..... State.....

# SPEAKING FRANKLY

## Grateful

**TO THE EDITOR:** It is seldom that I take time to thank an editor for anything that I see in his publication. However, I am so grateful for the article "That Personal Appeal in Collection Letters," which appeared in December **MEDICAL ECONOMICS** that I simply have to write you about it. Whoever wrote the article surely knows what he is talking about, and I think that he should let his name be published so that he could be thanked.

Last week I sent out letters based on his ideas, and in a week's time I have collected slightly more than \$200. Mind you these accounts were ones ranging in age from six months to three years. Also they were accounts from which I had had no replies from repeated monthly statements. I have clipped the sample letters from your publication and they are now filed away so that they may be used at some future time when needed.

H. H. Robinson, M. D.

## Bread

**TO THE EDITOR:** Let us be frank and not blame our present hardships on the depression. The same conditions existed with many physicians when the general public was enjoying prosperity.

With ten years sacrifice of the best years of youth and quite a fortune spent to acquire the degree of M. D., yet this noble, most honored and esteemed profession too often does not offer a satisfactory livelihood. I can safely say that many capable physicians giving their valuable time to hospital clinics are actually unable to meet their monthly bills.

Too many patients are under the impression that the physicians on the hospital staff and in the clinics are paid by the institutions. A very false impression indeed. If it were only true most of our worries about meeting our bills and obtaining our necessities of life would be over.

What I can't understand is why should the medical profession offer its valuable knowledge and time without compensation? Does the city or State guarantee the physician his daily bread and butter and necessities of life?

R. T.

## Zenith

**TO THE EDITOR:** As an old reader of **MEDICAL ECONOMICS** I wish to congratulate you on your December issue; among other excellent articles which I enjoyed, the one on page 40 by Floyd W. Parsons was especially interesting as being illustrative of how the other fellow's slant on things reacts on you.

In disagreement with Mr. Parsons, I see no evidence of "the forces of recovery having gained the ascendancy." As yet, the reports do not show that unemployment has decreased, and there is no better yardstick of prosperity or its

beginning return than the index of unemployment.

For the last three years the cry has been "Prosperity is just around the corner," and our intelligence has been insulted by a coterie of obstructionists who have easy access to the press.

We have reached our industrial zenith, and passed it. We shall never return to our former glory; waving the American flag and shouting ourselves hoarse over it will not alter facts. If we get back to 1929 production level, there will still be more than seven million unemployed and this will be increased from year to year by the "technique which has been going steadily forward and the important improvements which will have been made in most kinds of equipment."

The problem will not be solved by a wave of the hand and a few soft words. It is my opinion that we have a weary road to travel involving many adjustments and bitter heartaches before the country is back on its feet again.

Let us all do what we can to help by sober thinking and right action.

Alexander Barclay, M. D.

## Guild

**TO THE EDITOR:** The article on Refraction, by J. B. Haines, 3rd, has been called to my attention by several members of our Guild. I desire to express to you my own personal appreciation for the splendid way in which this matter has been outlined.

As you know it is the desire on the part of every Guild member to further the education of the "Safe Way" to the public in obtaining proper eye care. I sincerely trust that this matter will receive the whole-hearted support of the medical profession in every way.

Walter A. Blocker, President  
Guild of Prescription Opticians  
of America, Inc.

## Politician

**TO THE EDITOR:** Ophthalmologists generally agree with me that refraction is a medical subject—the remarks of H. E. Pine ("Speaking Frankly," November **MEDICAL ECONOMICS**) and the Supreme Court of Pennsylvania to the contrary, notwithstanding.

What do lawyers know about medicine anyway? About as much as doctors know about law! And a judge is a lawyer who is a popular politician. So there you are.

H.A.

## Wolf

**TO THE EDITOR:** I have not the slightest idea who the physician is who desired to write such letters as appear in the article, "That Personal Appeal in Collection Letters" (December **MEDICAL ECONOMICS**). Nor have I any desire to know who he is.

What I have to say may seem intolerant; yet to my way of thinking and probably to that of a lot of others who have had their training in foreign medical schools, it is quite logical and timely.

I do not in any manner commend such tactics as are used by our medical confrere. They may serve to bring in the funds, but are most deleterious to the honor and respect which is due the medical profession. I am quite sure other methods of expression more in keeping with the dignity of his position could still leave that ever-so-little respect with which the doctors of this country are still blessed.

Our profession in the United States does not enjoy the same prestige as in other countries, such as Canada and England. And the blame can be laid only upon our own shoulders. Perhaps that is the reason why our patients do not settle their accounts so readily.

The ever-common term, "doc," is becoming still more frequent; and I must confess that every time I hear it, it sends a queer feeling through me.

I can easily understand the feelings of one whose labors are unrequited financially; but there are other ways by which he can get the money due him than by throwing all honor to the winds and by going like a hungry wolf after his prey.

Again, I condemn such tactics. I regret that MEDICAL ECONOMICS saw fit to publish the article.

H. B. Rothbart, M.D.

## Laurels

TO THE EDITOR: I have never missed reading a single issue of MEDICAL ECONOMICS since I left medical school. The November number was particularly interesting. Such articles as "We May Take Heart," "Making the Fee Fit the Times," and the letters printed in "Speaking Frankly" are well presented and should be read by every physician.

Juan Basora Defillo, M.D.  
Mayaguez, Puerto Rico

## Adrift

TO THE EDITOR: While reading November MEDICAL ECONOMICS, I was impressed by an article entitled "Is Medicine Adrift?" by a physician who has had one year in practice.

I take some time out to answer that vital query. I am a general practitioner in a large eastern city with a population of about three million. There are too many hospitals, too many clinics, too many dispensaries, too many health centers, and far too many patients visiting the above charitable institutions, but very few patients visit our offices.

I am an up-to-date general practitioner. I give a good deal of my valuable time to hospital clinics and the like for the sake of charity. My office is elaborately equipped to give my patients the best that the practice of medicine can offer, yet I am competing like the rest of my fellow practitioners with

the many clinics and health centers. To be frank, I haven't vaccinated a child for the prevention of smallpox, nor immunized any for diphtheria, for the past three years. The answer is too many free clinics of all kinds.

L. N.

## Error

TO THE EDITOR: On page 47 of November MEDICAL ECONOMICS, you mentioned some examples of contract practice and state that such a plan is being tried by the Sutter Hospital, San Francisco. This is an error which I am sure you will be willing to correct.

The Sutter Hospital plan is based entirely upon individual fees, but the charges are very moderate. The plan has been in operation now for two and one-half years and is very successful. We see several hundred patients daily and they come from all over the entire West and even from several states in the Middle West. The plan is not contract practice, but group practice centering about our own hospital. There are some twenty physicians and dentists on the staff, every man practicing a specialty.

S. Nicholas Jacobs, Medical Director, Sutter Hospital

## Surgery

TO THE EDITOR: I have awaited with quite some interest the possible replies to L. W.'s letter in October MEDICAL ECONOMICS, asking the best way to "break into surgery." There were a few suggestions in Dr. Waring's answer—all of them quite obvious. I am one of the younger practitioners who would like to hear more comments.

Dr. Waring suggests that the best way is to take a free dispensary appointment in the hospital immediately after internship. But suppose there is no dispensary connected with the hospital of internship?

And even if there is one, how about the man who has financial responsibilities to meet, and who must depend on an income to meet them?

A residency in surgery in some big hospital is something the majority of internes dream about but never attain. If it is an accepted fact that a man is better qualified for surgery after a few years of general practice, why don't the American Hospital Association and the American Medical Association formulate eligibility rules, demanding that a man have at least five years of general practice as one of his qualifications to study the specialties, including surgery?

Dr. Waring's second suggestion, to take an assistantship to an established surgeon, is well given—but there aren't enough established surgeons willing to "take over" a young man.

Dr. Waring's third suggestion, about pioneering in a one-man private hospital is all right, except for the financial question. Where is a beginner going to get money for such an enterprise?

There seems to be only one way, L. W.—do your own surgery, anywhere.

H. L. Matern, M.D.  
[TURN THE PAGE]



## FOR THE NERVOUS PATIENT WHO CAN'T SLEEP

**T**HE ordinary type of nervous insomnia as it affects the neuroasthenic, the convalescent or the physically run-down individual, can often be corrected without the use of habit-forming, hypnotic drugs.

When the patient is in need of sound, restful sleep as an aid to rebuilding strength and vitality, physicians frequently recommend a pleasant drink of warm Ovaltine—the Swiss Food-Drink—to be taken just before retiring. They find that this tends to allay nervous irritability and so induce sleep in a natural way.

Ovaltine is the Swiss food concentrate widely recommended by

# OVALTINE

*The Swiss Food-Drink*

*Manufactured under license in U. S. A. according to original Swiss formula*

physicians as a food for invalids and convalescents, for nervous and run-down patients, for growing children, for nursing and expectant mothers and for the aged.

Ovaltine adds important food elements to plain milk and, as it reduces the milk curd to finely comminuted particles, it enhances considerably its digestibility.

Before recommending Ovaltine, we would like you to make a personal test in your own home. The coupon will bring you a supply with our compliments.

**This offer is limited only to practicing physicians, dentists and nurses**

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180 No. Michigan Ave. Dept. ME 2  
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Please send me a regular size package of Ovaltine, without charge, and full literature.

Dr. \_\_\_\_\_

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Canadian subscribers should address coupons to A. Wander, Limited, Elmwood Park, Peterborough, Ontario.

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**Advertising** TO THE EDITOR: It is appalling how extensive and universal the present-day exploitation of the medical profession is. Over the radio, through newspaper and magazine advertising, through drug store window display, etc., various proprietary manufacturers are broadcasting their wares with the affixation of such statements as, "endorsed by the medical profession," "ask your physician about it," "used by physicians, nurses, and hospitals," "A.M.A. council accepted," "your doctor recommends it," "according to medical research and science," etc., etc.

It appears to me that in this scheme of the medical profession's exploitation, some of the nationally distributed medical and surgical magazines, including your own **MEDICAL ECONOMICS**, have unconsciously played an integral part. Firms which have advertised their products through channels other than those that reach the medical profession exclusively, and which have used some of or all the above named exploiting statements, have simultaneously advertised in almost all our nationally known medical and surgical journals, as well as in **MEDICAL ECONOMICS**.

The question now remains, how much further shall this medical exploitation continue? Will not our profession awaken to the fact that its inherent, hard-earned, sacred right to be called "medical" exclusively, is being unconstitutionally taken away by manufacturers? Will not our spokesmen, the medical press of this country, at once begin to refuse advertisements from such manufacturers? Ought not all the so-called "ethical" houses be chastised for their iniquities and encroachments on the rights which belong to the medical profession exclusively?

A united effort on the part of the medical profession, especially through the mouthpiece of the medical journals, ought to put a stop to this unethical lay advertising and medical exploitation.

I hope that you will take the initiative to curtail the present menace of medical exploitation. There are numerous plans to pursue. I leave that up to your good judgment. Nathan Kanner, M.D.

[**MEDICAL ECONOMICS** wonders whether the "health appeal" so much stressed in current laity advertising, has not created a larger "health consciousness" on the public's part, and also a larger realization of the physician's importance in the health scheme.

There has always been self-medication. Whether it has been increased by such phrases as "ask your physician about it," is a debatable point.]

## Books

TO THE EDITOR: Newspapers, periodicals, medical journals, and medical societies are decrying the fact that the

practitioner of medicine has been hard-hit, both by the depression and by the economic status of medicine in general.

Shouldn't charity begin at home? How about national and local medical societies cutting the subscription rates for journals and medical periodicals? This also applies to books placed on the market by medical publishing companies.

I wonder what the consensus of opinion is. W. P.

## Trumpets

TO THE EDITOR: In his article, "A Merchant Looks at Medicine," in November **MEDICAL ECONOMICS**, Edward A. Filene strikes a triple keynote: that the poorer classes today are not getting proper medical care; that the costs of treatment are too high or inequitably distributed; that the remedy must lie in group medical practice, clinics, guilds, and industrial organizations.

Evidently, Mr. Filene's readers are supposed to infer that adequate medical care can not be given by the average family physician. They are supposed to agree that a thorough health examination, for example, can be conducted only by a large clinic or "medical service company."

If a physician tells his patient that he is physically fit, the patient should be satisfied to let it go at that. It ought not to be necessary to subject him to all kinds of tests for which there is no indication or justification.

It is not always easy to make an exact diagnosis of an ailment, but in practically every case there are manifestations that can be discovered by an orderly and thorough clinical examination which any accredited physician is competent to make.

It has been said that "the laborer is worthy of his hire"; hence, if business will pay its laborers their just "hire," the laborers can pay medicine its just dues. This would relieve the congestion in free clinics and free dispensaries, and would give our business men more time to devote to their own problems of obtaining better housing, better sanitation, and better living conditions for their "hired."

The old refrain, "Reduce the costs of Medical Care," is beginning to sound a bit sour. Why is it that most of the discordant notes are blasted from commercial trumpets? The large majority of patients have taken little part in the pandemonium.

Amid all the hubbub about medical costs, business says little about the high-powered salesmanship that every year is inducing people to overextend their credit by buying things they don't need with money they haven't got, instead of paying a reasonable cash price for some of the more necessary things of life.

Clinics, guilds, and similar commercialized institutions, have less to offer than is often supposed. Thousands of patients, as well as the majority of doctors, prefer private practice.

Let's speak up for it!

C. H. Kennedy, M. D.

**HIGH GRADE MILK**

Only pure cow's milk from tuberculin-tested herds is used. Milk extremely low in bacteria count, absolutely fresh and free from pathogenic germs.



Lactogen has been accepted by the Committee on Foods of the American Medical Association.

**NOT COOKED MILK**

Because the milk used is so fresh, pure and free from contamination, the process through which it is put is always mild, at no time more severe than that of pasteurization.

**ONLY MILK**

Like human milk, all the ingredients in Lactogen are the natural elements found in fresh milk. The fat is milk fat; the protein, milk protein; the sugar, milk sugar; the salts, milk salts.

**SIMPLE AND SOUND**

Add the required amount of water and a mixture results that is very similar to human milk in percentages of—

	Fat Protein		Carbo-Total hydrate Salts	
Human Milk	3.50	1.50	6.50	.020
Lactogen	3.12	2.03	6.66	.044

Indicated for normal infants during the entire period of infancy, and for infants who have a limited digestive capacity for fresh cow's milk.

No feeding directions given except to physicians. No laity advertising. For free samples and literature please send your professional blank to:

**NESTLÉ'S MILK PRODUCTS, Inc.**

2 Lafayette Street

Dept. 17-L-2

New York City

# Group Medicine

## ITS CHANCES FOR PERMANENCE

### As a Surgical Supply Dealer Regards Them

I HAVE been in the retail surgical business for the past 35 years, all of this time either as a road salesman, or as manager of my own business.

Many changes in the procedures of medical and surgical practice have occurred during that time. Many changes have also come about in the economic structure of medicine. Naturally, all these have affected my own industry in one way or another, and I have consequently followed them with an interest far greater than casual.

Thirty-five years ago, there was comparatively little surgery being done. Sterilization was still to come into its own. The majority of instruments I sold were for the purpose of examination or treatment.

As surgical practice increased, so did the consumption of scissors, artery forceps, knives, and those other instruments used expressly in surgery.

But with this increase, there has also come a growth in the number of concerns supplying the instruments. For every one concern manufacturing surgical instruments back in 1900, there are at least ten today. The resulting competition does not tend to make the position of the surgical supply man any too comfortable.

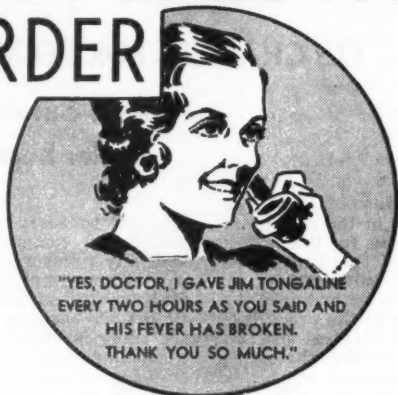
This fact, of course, is not of particular interest to the physician or surgeon, but I cite it because it illustrates perfectly how a trend can acquire enough mo-

mentum to carry it beyond the bounds of common sense. Men suddenly discover a new opportunity to serve, and there is a general rush to supply that service. Before it becomes obvious that the thing is being overdone, that particular field of service is crowded beyond the point where there is any real advantage left for its followers. In America we seem to be particularly prone to rush into extremes.

In my opinion, as an outsider and lay observer, group medicine is no exception to this tendency. Just as there are now too many firms manufacturing and supplying surgical instruments, so there will soon be too many private group clinics. The rapidity and enthusiasm with which they are being established in most parts of the country seems already to substantiate this contention. Some of them are finding it impossible to meet overhead, and their members are disbanding—



# There is no WISER ORDER



Tongaline exerts a two-fold action in grippe, influenza and bronchitis. First, it has the sedative and therapeutic action of the salicylates plus the synergistic effect of the associated colchicum and cimicifuga. Second, it is a thorough eliminant by laxation, diaphoresis and diuresis.

The formula is on every package of Tongaline.

SEND  
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COUPON

MELLIER DRUG CO.,  
2112 Locust St., St. Louis, Mo.

ME-2

I'd like a sample of Tongaline.

.....M. D.  
.....St.  
.....City

R going back to the old system of individual, separate practices.

These physicians are realizing that a sudden and general move in one direction, no matter how obvious its advantages may seem, or how clearly its need may appear to be indicated, does not always make for the general welfare—in this case, the welfare of both the public and the profession.

Of course this is only my opinion, but it is based on the observations that are afforded me by many contacts with the medical profession, and with the sick or semi-sick portion of the public.

Having maintained for many years an orthopedic department, and a truss-fitting room, I hear the public's point of view represented in frank language many times during the course of even one week. During the past two or three years I have noticed unmistakable signs that the public, in my section of the country at least, is turning away from group clinic service. So many patients are going back to physicians in individual practice that there can be no doubt of this.

Whether or not there is any justification for it, some patients seem to feel that once they have put themselves under the care of a group, every one of its members will perforce be invited to participate in the fee. These particular patients (and I have seen many of them) were at first in favor of the group idea.

Some of the enthusiasm was possibly due to the novelty of it; they wanted to try something new. And since many of them were more or less chronic visitors to doctors, any change at all would naturally be bound to catch their interest. Possibly the reason that some of them are going back to the individual doctor is the desire for another change.

On the other hand, many of these people seem to have given a great deal of serious thought

to the subject of medical service. They have reasoned in their own minds that the expense of treating whatever ailment they are suffering from is bound to be higher in a group clinic.

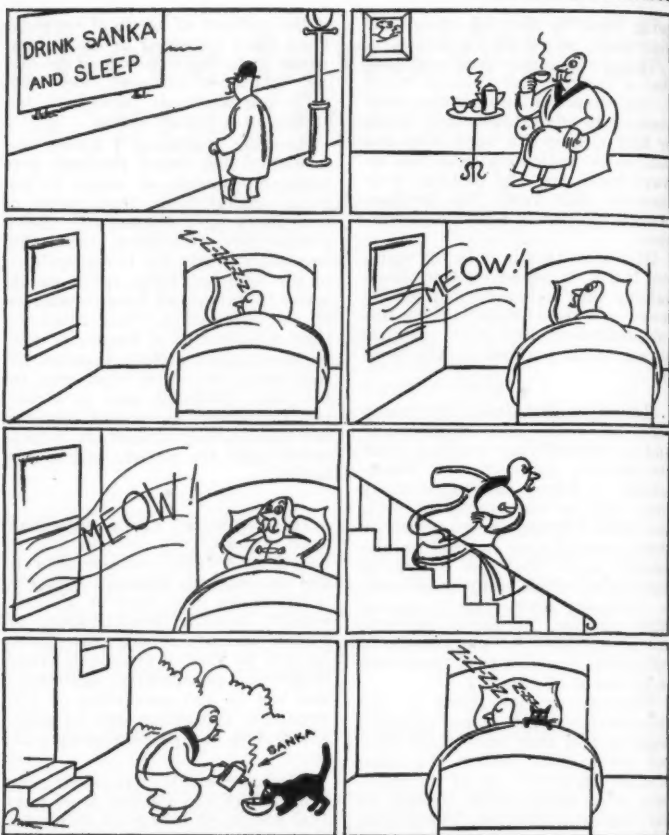
Another tendency I have observed is that many patients are today not nearly so eager to go to a specialist as they were a few years ago. Apparently these people have reasoned that the specialist limits his investigations to his own specialty, ignoring in many instances all other branches of the profession. They conclude that a specialist's diagnosis will be incomplete, simply because he has eyes only for symptoms in his own specialty, and is either not interested in, or not capable of, discovering symptoms which would take the patient out of his hands.

Of course, as every physician well knows, this conclusion is based on a false premise. For if the patient puts himself, to begin with, under the care of a competent general practitioner, or under the care of a group clinic, he will be viewed from the broad diagnostic perspective, and there will not be the possibility of disregarded symptoms due to over-interest in one particular specialty.

If, however, this reasoning on the part of the patient is of general extent, it is a good thing for the patient and for the profession. If it does nothing else, it at least leads away from the tendency to go immediately to some specialist of one's own choosing, whenever illness threatens.

Those people who formerly felt that they could choose their own specialist just as competently as any general practitioner, and thereby do away with the services and expense of the latter, are beginning to realize that the general man does, indeed perform a useful function.

I am positive that a reactionary condition does prevail in the



NOTHING makes our Sanka chemists any madder than the confused idea that Sanka Coffee will "put people to sleep." For they do nothing but remove the wakefulness. They leave in all the flavor, but take out 97% of the caffeine. And that's what makes Sanka

Coffee a boon to physicians who want patients (including themselves and their families) to give up caffeine without giving up coffee. Get a pound from your grocer—or send coupon for sample. Sanka Coffee is a product of General Foods.

GENERAL FOODS, Battle Creek, Mich.

Gentlemen: Please send me without charge a 1/4-lb. package of Sanka Coffee—also the booklet, "The Passing of 'Thou Shalt Not.'"

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M. E. 2-33



mind of the public, and that they are going back to the well-prepared, first-class general practitioner.

The group idea has passed its peak, and is slowly dissolving into the individual doctor relationship again. In my own section, four of the principal private group clinics that were formed here during the past five years have disbanded. The one remaining group has gone through a number of reorganizations, withdrawals, substitutions, and additions, and is still in a rather chaotic state.

The only really successful groups, in my opinion, will be those having a thoroughly dominant head, who surrounds himself with lesser stars incapable of being jealous of him, and willing to be subsidiary. One man must be allowed to dominate and manage the group. Otherwise, professional jealousy soon creeps in, and the group cannot last.

I believe that a type of general practitioner is being developed who will send nothing to another physician that he can do competently himself, whether it be surgery, internal medicine, eye, ear, nose, and throat work, urology, or whatever else. Such a general practitioner, if he be really capable, will weigh more thoroughly all the elements of the case, view it from all angles, and should be able to reach a well balanced decision—certainly at much less expense to the patient.

In the final analysis, the success of any medical undertaking is going to rest upon its effect on the patient, as the patient will continue in his right to select his own physician, having in mind all these matters that affect his pocketbook, and the results he will obtain.

For this reason, as the situation appears to me, the specialist and the private group clinic are not going to grow in importance and numbers as rapidly in the

future as they have during the past decade. In fact, the trend may be quite the reverse—and we may see these two forms of medical service diminish.

*The really first-class general practitioner is going to come back and be the important doctor!*

There is one noticeable fact about the private group clinic, a fact which is probably of small interest to the physician. Nevertheless, this fact is of very great importance to surgical supply men like myself. It is that the group clinic does not usually buy its supplies or equipment as it should—namely, in the manner that an artist selects his brushes.

One of the first things a new group clinic does, as a rule, is to employ a business manager, under the impression that he can save them enough on their buying to more than pay his salary. Desirous of following out this expectation, the business manager makes it his habit from the first to ask for competitive quotations on everything, from a gross of safety pins on up to the furniture.

Because he is a business manager, and not a physician, he buys primarily on price, having little or no knowledge of quality, patterns, or anything else that might concern a conscientious doctor.

Even the doctor-members of the group do not buy their instruments themselves, but buy them through the business manager, expecting that he will get them at rock-bottom prices. During the process of bargaining, quality is bound to suffer, and cheap instruments creep in. Too, the dealer who is forced to cut prices radically under the pressure of a bargaining competition is not able to extend the proper service. Hence, the group—then the doctor, and eventually the patient—are the losers in the long run.

I think our doctors would all become better customers if they could be taught from the time





## Care in Every Detail Includes Care in ADVERTISING, Too



their very presentation to the public thru advertising.

The Gerber Products are unseasoned, absolutely uniform, thoroughly cooked and strained to the ideal consistency for baby. They make it possible for a physician to prescribe infant feeding schedules of known values that can be easily followed, with laboratory exactness, by a mother in the home. The mother needs only to warm, season and serve as her physician directs.

**GERBER'S STRAINED VEGETABLES** are made from only the freshest, choice vegetables. The Gerber process excludes air in the cooking and straining operations and so assures the retention of valuable vitamins and mineral salts that are subject to loss in home cooking.

**GERBER'S STRAINED CEREAL** is a specially prepared, scientifically correct starting cereal for infants. It consists of whole wheat, hulled oats and added wheat germ, thoroughly ground and cooked in whole, fresh milk. After nutritive values have been extracted, the harsh, irritative bran particles are removed by straining.



GERBER PRODUCTS COMPANY, Fremont, Michigan  
(In Canada), FINE FOODS OF CANADA, LTD., Windsor, Ont.  
You may send me a sample of Gerber's Strained Cereal—also analysis and description of the product as filed for acceptance with the Foods Committee of the American Medical Association.

Name .....

Address .....

**GERBER ADVERTISING TO THE LAITY** constantly impresses the mother with the thought that

1. The infant's feeding schedule is a question of vital importance.
2. There are no so-called standards or popular schedules that she should accept as "normal or average."
3. Neither such schedules nor the advice of friends or family is a fair substitute. Only a direct study of each baby's individual diet requirements—made by the baby's personal physician—should determine the feeding schedule.

No Gerber advertisement ever carries feeding tables or feeding formulas. Every Gerber advertisement, and the label on every Gerber can urges the mother to rely only on her physician and to follow only his advice as to when, how much, and what she should feed her own individual baby.

### Send for Sample

Our new Cereal product has received a gratifying reception. If you have not already examined a sample of Gerber's Strained Cereal, we will gladly send you one. Just fill out coupon below and mail.

15c at Grocers  
and Druggists



Gerber's  
Strained—Beets  
Carrots—Peas  
Green Beans  
Prunes  
Spinach  
Vegetable Soup  
Tomatoes  
4½ oz. cans

Gerber's Strained  
Cereal—10¼ oz. cans



they enter medical college that the surgical supply house is their ally, their friend.

The dental student seems to have been successfully taught this idea. In consequence, he works with his supply man on a friendly basis not only in dental college, but when buying his first office equipment, and throughout most of the years of his practice.

The medical student, on the other hand, seems to come out of school with the thought pretty well seasoned in his mind that the surgical supply man is his natural enemy, seeking only to get all his money, and to give as little as possible in return.

The young dentist when starting out seems always to be able to arrange for at least enough cash to make a down payment on his equipment, and he will buy a set of equipment worthy of a professional man. The medical student frequently starts out in practice not only lacking funds,

but owing for his medical education in part, and without sufficient funds to make a down payment on anything. He will buy less than \$100 worth of equipment to start with, because he has neither the means to make a down payment, nor the belief that putting up a good office will help him over the first hard year.

I do not know how or why this difference exists, but if something could be done to change the viewpoint of the young doctor in these respects, it would be better for all concerned.

Changes are ahead, many of them reactionary in their nature. The sooner we can get back to first principles, the sooner the doctor of today will be what he should be in the eyes of his patients. He will collect his bills more promptly and be better off in every way. The surgical dealer will get more cooperation and have a market he can serve with some enthusiasm.

## Modern prescription for walls



Wall coverings now made from a specially processed composition, and affording close reproductions of natural wood and marbelized patterns, suggest themselves as a welcome improvement in the physician's office.

Their inviting appearance may be enhanced by the use of wood or metal molding to create a panelled effect. And in addition, these wall coverings are moisture-proof, fade-proof, heat-insulating, and sound-proof.

One way to banish the worry of repapering and repainting!

# Prolonged IODINE MEDICATION IN CHRONIC CASES

*With the Danger of Iodism Reduced  
to a Negligible Factor*



**How often you hesitate to use iodine therapy because of the danger of iodism!**

Some patients seem to have a real idiosyncrasy for the iodides and regularly exhibit untoward phenomena, even with small doses. In other cases, the disturbances are negligible. But in general, the severity of the symptoms of iodism is directly proportional to the amount of iodine retained in the blood; and this in turn

depends upon the quantity administered. From this it is apparent that iodism may best be prevented by administering iodine in the form in which it is best utilized and longest retained in the body's cells, so that the dose may be reduced to the absolute minimum compatible with therapeutic effect.

## RIODINE (Astier)

**Organic Assimilable Iodine**

With RIODINE (Astier), which is a 66% solution in oil of an iodized glyceric ether of ricinoleic acid containing about 17% of iodine, the iodine content is fully utilized and slowly eliminated from the body. The average retention time of iodine in the body when RIODINE (Astier) is used is about 72 hours, or nearly double the retention time when using potassium iodide. Hence only relatively infrequent and small doses are required.

Riodine (Astier) meets all the indications for iodine when it is desired to reduce the danger of iodism to a negligible factor. It may therefore be applied to the treatment of a great variety of conditions. It possesses marked advantages over the inorganic iodine preparations where the continuous action of small amounts of iodine is desired, such as in Cardio-Renal Disturbances, Arteriosclerosis, Bronchial

*Asthma, Chronic Bronchitis, Pulmonary Emphysema, Chronic Rheumatoid Arthritis, Latent Syphilis, Lead Poisoning, Hypothyroidism, Simple Goitre, Obesity.*

### Also DEPENDABLE SANDALWOOD OIL THERAPY

*With*

### ARHEOL (Astier)

which is all sesquiterpene alcohol, the active principle of sandalwood oil. Insures uniform results in acute inflammations of the urinary tract. Eliminates the uncertainty and unreliability as well as the unpleasant side-effects of ordinary sandalwood oil therapy.

*Write for Information and Sample of Either Riodine or Arheol or Both*

**GALLIA LABORATORIES, Inc.**

**450 Seventh Ave., New York**

# The Doctor and His Investments

CURRENT MARKET POLICY, AND  
THE NEW TAXES ON SECURITIES

By William Alan Richardson

**Author's Note:** In making specific investment recommendations, I can not urge too strongly the following precautions: **FIRST**, be sure that you are fully protected by life, disability, and other necessary insurance; **SECOND**, create an emergency bank reserve sufficient to cover six months' professional and personal expenses; **THIRD**, study carefully the general principles of investment discussed in these pages each month, and apply all specific advices accordingly.

**SKIRMISHES** between the underlying forces of recovery and the surface forces of deflation have resulted in a temporary financial deadlock.

Common stocks, as predicted here in December, have continued to dodge about in the midst of the fray, doing their best to avoid having their price supports knocked from under them. From time to time, certain issues have seemed likely to succumb to the barrage, but the forces of recovery have enabled the majority of stocks to hold their own in preparation for a more substantial advance later this year.

Bonds have resisted set-backs even more vigorously than stocks. This applies especially to the better grade bonds in which, up until now, physicians have been advised to concentrate their capital. An element that will tend to strengthen prices from now on may be found in the lack of new corporate bond flotations probable in the initial months of 1933.

Also favorable in its effects will be the tempting into the open market of the nation's tremendous reserves now accumulated in banks and other financial institutions—as well as in mattresses and socks. The general upsurge will be further encouraged by growing public confidence.

Still other propitious factors are visible at this time: The national supply of gold has ballooned since last summer, to the extent of about \$580,000,000. This is largely due to the fact that exports of the metal have dropped off and gold is again moving westward across the Atlantic.

The number of bank failures is no longer a source for widespread anxiety. Suspensions, as 1933 begins, are being held to reassuringly low levels. Business activity, it is true, has undergone a slightly greater recession than can be explained by simple seasonal fluctuation since early fall. Never-

# TABLETS MAGNESPIRIN

3 1/3 grains of acetylsalicylic acid potentiated by magnesium. (artificially colored yellow). Equivalent to one 5 grain tablet of Aspirin.

# MAGNECYLATE

3 grains Sodium Salicylate potentiated by magnesium. Equivalent to 5-grain tablet of Sodium Salicylate.

# MAGNEPYRINE

2 1/2 grains Amidopyrine potentiated by magnesium. Equivalent to double the quantity of the more toxic drug as prescribed in the familiar 5-grain tablet of Amidopyrine.

**T**HREE combinations of Magnesium with Aspirin, Sodium Salicylate and Amidopyrine which equal the effectiveness of each of these common drugs—yet—less of the more toxic drug is used. Today's critical patient will appreciate the better toleration secured. The lessened quantity of the toxic drugs and the presence of the Magnesium combine to reduce greatly the number and extent of undesirable by-effects.

**T**HESE Magnesium drugs, the usefulness of which has been thoroughly demonstrated, are available everywhere for immediate use. Pharmacists have them or can get them on short notice.

## SAMPLES ON REQUEST

PHARMACEUTICAL  
A UNIT OF AMERICAN

**Calco**

DIVISION  
CYANAMID COMPANY

**THE CALCO CHEMICAL COMPANY, BOUND BROOK, N. J.**  
MANUFACTURERS OF TOLYSIN

Gentlemen: Kindly send me a sample of

☐ MAGNESPIRIN    ☐ MAGNECYLATE    ☐ MAGNEPYRINE

Doctor.....

Address.....

City..... State..... NE 2

theless, it is a great deal more promising now than it was six months ago.

The tonic effect of these developments is undoubtedly doing much to assist the revival of our general investment structure. Present indications show that security prices will be able to snap back sharply as soon as strained international relations, War debt quarrels, tax difficulties, budget complications, and the unemployment spectre have been at least partially relieved.

Meanwhile, conditions are favorable to the careful accumulation of stocks and bonds for the long pull, in accordance with specific suggestions enumerated in this month's Investment Guide. Security prices are now well be-

low what they were prior to the 1931 break. In all likelihood, they will not go substantially lower.

The main thought for physician-investors to bear in mind is that the outlook over the extended term for *recommended* securities is good, but that intermediate weakness in the general market is quite likely to occur. When this happens, it should not be cause for alarm to those whose investments are held outright.

Uncertainties that have cropped up to depress the municipal bond market render issues in this class less attractive for the small investor than they were some months ago. In the lean months through which we have just passed, many municipalities have found it [TURN TO PAGE 97]

## Investment Guide for February:

The doctor with about \$5,000 to invest may safely hold:



20% in short-term U. S. Government bonds; 20% in underlying first mortgage bonds of public utility (phone, gas, light) operating companies; 10% in guaranteed first mortgage certificates on improved urban real estate; 20% in common stocks of chain-store, food, cigarette, and public utility companies; 5% in building and loan shares; the remainder in cash.

The doctor with about \$20,000 to invest may safely hold:



25% in short-term U. S. Government bonds; 15% in underlying first mortgage bonds of public utility (phone, gas, light) operating companies; 5% in industrial bonds; 5% in guaranteed first mortgage certificates on improved urban real estate; 25% in common stocks of chain-store, food, cigarette, and public utility companies; 2% in building and loan shares; the remainder in cash.

The doctor with about \$80,000 to invest may safely hold:



20% in short-term U. S. Government bonds; 5% in tax exempt municipal bonds; 10% in underlying first mortgage bonds of public utility (phone, gas, light) operating companies; 5% in industrial bonds; 10% in guaranteed first mortgages on improved urban real estate; 25% in common stocks of chain-store, food, cigarette, and public utility companies; the remainder in cash.

## *From the Patient's point of view*

IT has been said many times and in many places that there is no specific for a cold. This may be academic truth. But it is of little interest to the patient in distress. He wants to know just what can be done for *him*.

Argyrol will accomplish these results:

*Control the infection*

*Soothe the inflamed mucosa*

*Relieve the pain and stuffiness*

*Reduce the irritating flow of secretion*

*Dissipate the miserable feeling.*

Furthermore, if Argyrol is applied early, the cold will more than likely fade away before it becomes really troublesome.

Those are all matters of vital interest to the patient. For many years, Argyrol has been the choice of physicians all over the world in the treatment of nose, throat and ear conditions.

For the physician's convenience, Argyrol may now be had in tablet form. Doctors are keeping a supply of the new Argyrol Tablets in their offices and in their bags. They rely on these tablets for fresh and accurate solutions of genuine pure Argyrol.

**A. C. BARNES COMPANY, INC.**

*Sole Manufacturers of Argyrol and Otoferrin*

**New Brunswick**

**New Jersey**

*"Argyrol" is a registered trademark, the property of A. C. Barnes Co., Inc.*

# New Collection Ideas

By CLAYTON M. BOND

Business Manager, The Sheboygan (Wisc.) Clinic

The physician's inherent reluctance to discuss payment is stronger than ever these days, when many of his patients are obviously in severe financial distress. At the same time, it is more important than ever to help patients reduce their indebtedness, if possible. A clinic manager describes here new collection methods that are being used with some degree of success. This timely article deserves study.

ONE of the largest department stores in the State of Wisconsin buys farm produce of practically every description, with the exception of live stock. It does not pay cash for this produce but issues, in exchange, a statement of credit called a due bill.

These due bills are negotiable credit instruments and are good to the bearer for credit at the store, or for the purchase of merchandise over the counter. Everyone within a radius of a hundred miles knows of this store, and most everyone trades there.

Some months ago our clinic conceived the idea of accepting these due bills at par as payment on account, even going so far as to make change in cash should the necessity arise. These due bills are sold to the members of our organization, who have volunteered to purchase them as they are received. We do not know the exact amount of due bills we have already received,

but it totals several hundred dollars.

This money, although constituting only a small percentage of our gross receipts, represents the settlement of accounts which could not have been liquidated otherwise—at least not at present, and perhaps not for some time to come. The farmers have been most appreciative of our willingness to accept these due bills, the transaction being just another form of barter.

This is one constructive method we have adopted for helping the patient reduce his indebtedness. Conventional collection methods are inadequate to meet the problem today. Everyone, the physician in particular, must exercise a degree of leniency which would be impractical in normal times. Collection methods must be overhauled and geared to 1933 requirements.

Realizing the necessity for a new slant on this aspect of collections, we recently sent out from our clinic about 70 letters to as many other clinics asking for new ideas on the subject. The response was generous in the quantity of replies, but ideas strictly at variance with the orthodox methods of collection were rather scarce.

The effort did bring forth a few gratifying results, however, some of which will be of general interest to physicians everywhere.

Many physicians and clinics report that they are accepting farm produce direct from the farmer as payment on his ac-

# These many uses

## for



**H**YGIENIC care of the mouth, the more successful treatment of Vincent's angina, pyorrhea and other infections of the oral cavity, nose and throat, make Vince an antiseptic necessity today. With the liberation of nascent oxygen, Vince promptly and efficiently sets to work to destroy the organisms of oral disease, yet it does not irritate the most delicate tissue. Alkaline in reaction.

Shall we send you a trial supply? Discover the many ways in which Vince can be of service in your practice.

# VINCE

VINCE LABORATORIES, INC.  
113 West 18th Street New York City



**GARGLE**  
for irritated  
throats



**MOUTH WASH**  
for routine  
cleansing



**SPRAY**  
for nose or  
throat



**PASTE**  
for treating dis-  
eased gums



**DENTIFRICE**  
for whitening  
teeth



count. Their receipts include vegetables of every description, fruits, and poultry.

Apparently the clinics concerned are either distributing this produce among the members of their staffs, or are selling it to them. Among physicians, of course, the practice is to consume such produce in their immediate families.

The method of allowing debtors to work off their accounts seems to be especially common just now. Much of this work is being done in the form of cleaning and painting. A policy of receiving payment in kind must naturally be handled with discretion.

For example, in a town where a painter is allowed to work off a bill, there may be several other patients of the same trade who have had considerable service and have paid for it promptly. If it should come to their attention that one of their associates has been allowed to work off his bill, they may feel that they have been penalized because they paid cash. Then too, work of this nature may not be strictly up to standard.

Many large business institutions have started to deliver their statements by personal messenger since the time the rate for first class mail was increased from two to three cents per ounce. It is reported that this plan has met with considerable success and has been responsible for the saving of large sums of money each month.

The only opposition so far has been expressed by the Post Office employees who, it appears, have their own union. This union now threatens to boycott institutions which have ceased using the mails to deliver monthly statements.

The postal laws and regulations provide that an organization can not set itself up in business to contract for the delivery

of mail, but there is nothing in the postal regulations to prohibit an organization from using its employees to distribute its own mail. It is expected that a ruling on this matter will be issued at an early date. The decision will be interesting.

Until a few months ago the Post Office Department was prevented from revealing forwarding addresses. If an addressee had moved, and the letter had been forwarded to that address, the Post Office Department could not reveal where the letter had been delivered.

But this ruling has been rescinded. If a patient has moved and his present address is desired, the Post Office will give it out. True, the process of obtaining it is a bit roundabout, but in many cases it is well worth while.

The procedure is as follows: The letter must be sent to the last known address. The fee for postage is three cents. The letter must be registered—fee: fifteen cents. The fee for a return card is three cents. The fee for showing the address where delivered is twenty cents, making a total charge of forty-one cents.

At first, this amount may appear large, but when it is recalled that one dollar is often charged by credit reporting companies and collection agencies that maintain a tracing service, the forty-one cent outlay is not excessive.

I believe that most physicians have been in the habit of waiting until the last day of the month to close their accounts receivable. Those who follow this method are not able to get their statements into the mail until the third or fourth of the following month. Instead of following this practice, it has been found far more satisfactory of late to close the books before the end of the month, so that statements may be in the hands of the patients on or before the first.

Several varieties of return-envelopes are now popular. Last

## WHEN THE PATIENT NEEDS "A" and "D"

### REMEMBER THE OLD RELIABLE IS STILL PATCH'S FLAVORED COD LIVER OIL

Typical of recent research on these vitamins is the statement of Drs. Prather, Nelson and Bliss\* that "The average physician is better acquainted with the antirachitic vitamin and is likely to disregard the importance of fat-soluble vitamin A and its influence on the child's resistance to infections."

Throughout the confusion which has existed in the realm of vitamins during the past few years, Patch's Flavored Cod Liver Oil still stands as a reliable source of

both vitamins A and D. Physicians are coming to depend on it not only in the prophylaxis and treatment of rickets and allied disorders, but as a valuable aid in building the child's resistance to infection.

\* \* \*

The valuable effects obtained by adult patients who take Cod Liver Oil to build up Winter resistance are no doubt traceable to the combined effects of its two fat-soluble vitamins as well as the energy value derived from its continued use.

\* \* \*

### Guaranty of Potency



**1000 A Units  
per gram of oil  
150 D Units  
per gram of oil**

**PATCH'S**

When you prescribe Patch's Flavored Cod Liver Oil, remember that it is guaranteed to contain more than 1000 vitamin A units and more than 150 vitamin D units per gram. The pleasant taste solves the problem of administration. A trial bottle is yours if you will fill in and mail us the coupon.

\*Prather, E. O., Jr.; Nelson, Martha; Bliss, A. Richard, Jr.; Am. Jr. Dis. Children, 42-52, July, 1931.



**THE E. L. PATCH COMPANY**  
Boston, Mass.

THE E. L. PATCH CO.,  
Stoneham 80, Dept. M.E. 2,  
Boston, Mass.

Gentlemen: Please send me  
a sample of Patch's Flavored  
Cod Liver Oil and literature.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

year, for instance it was reported that a combination statement and return-envelope was being used. Another variation is a return-envelope with a letter, printed or typed, on the under flap of the envelope. The name and address of the patient, for mailing purposes, are written on the side of the envelope which is under the flap when sealed. This envelope with flap reversed is then inserted in an open-window envelope for mailing.

Still another adaptation of the return-envelope idea is found in the use of the business reply envelope which provides for payment of postage when the envelope has been returned. Results obtained from using the business reply envelope in conjunction with collection correspondence have been most gratifying.

When notes are signed it is advisable to have both husband and wife sign—especially the wife. This will insure collectibility of the account from the wife in the event of her husband's death. In most States, the wife can not be held legally responsible for medical services rendered the family; but if the signature of the wife has been obtained, then collection can be made from her, provided she has any assets in her own name.

The old question of allowing discounts has made its reappearance. Although among the clinics in particular, a number are most emphatic in stating that they have not been allowing any discounts, other clinics report that they find it to their distinct advantage to allow discounts.

They state that they have materially increased the amount of their collections by this special inducement to pay. One organization gives a discount of ten per cent on surgical fees, and five per cent on medical fees, no discount being given on an amount of less than ten dollars.

The experience of clinics in granting discounts seems to be varied. Many of them report that they are not reducing their schedule of fees. Where indicated, the fee is adjusted to the ability of the patient to pay. This plan certainly appears superior to any general reduction of the fee schedule or the granting of discounts on a wholesale basis.

Accident cases involving an insurance settlement (not to be confused with Workmen's Compensation Insurance) often prove an ultimate source of grief to the physician. All too frequently, a settlement is made direct to the patient, who, in turn, does not pay for medical services rendered.

In Wisconsin, and I believe in most other States, an insurance company is not legally bound to pay the doctor for services rendered to its insured under a personal accident policy. The problem is, then, what can the doctor

[TURN THE PAGE]

## in SINUSITIS



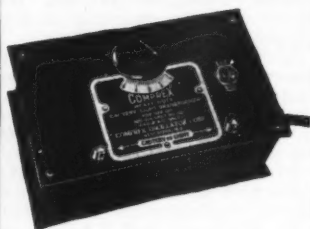
Evacuate the sinuses and keep them evacuated, cleanse and soothe the *entire* nasal tract, and by the production of a hyperemia lend tone and strength to the mucosa. **ALL THIS CAN BE ACCOMPLISHED SAFELY AND EASILY WITH**

**NICHOLS NASAL SYPHON**

NICHOLS NASAL SYPHON, Inc.,  
144 E. 34th St., N. Y. C.

Please send information about Nichols Nasal Syphon, and a sample bottle of Nichols Nasal Oil.

## The New SPECIAL COMPREX CAUTERY



### A GENUINE HEAVY DUTY CAUTERY

is positively the lowest priced complete cautery that is adequate for all major and minor cauterization procedures. Compactly built and easily portable this

### Special COMPREX CAUTERY

is designed for a life time of hard service and is fully guaranteed.

Price, complete with sterilizable cord handle and 3 electrodes, only....

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Ask your dealer for the new Leavenworth technique and description of electrodes for cervical canterization.

Guaranteed by

COMPREX **OSCILLATOR** CORPORATION

F. C. WAPPLER, Pres.

450 Whitlock Ave., New York City

do to have guaranteed the payment of an account in the event that settlement is made with the patient?

On the occasion of an adjustment, the insurance company will sometimes favor the doctor by making out a separate check for services rendered, or by listing his name together with that of the patient, as a payee on the check. Our clinic has had three different attorneys study this problem, and they all voice the same conclusion, namely: that in a strictly legal sense nothing can be done about the matter.

At law the chance to collect is no better than the intent of the patient to pay, unless garnishment action is brought against the insurance company after a judgment has been obtained against the patient or a settlement has been agreed upon by him. In most cases settlement is made out of court; and when this occurs, payment is made almost simultaneously by the insurance company to the insured. This prevents the physician from starting garnishment proceedings.

However, it is possible to have drawn up a form called an "Assignment of Claim" which is nothing more than an order on the insurance company or a firm of attorneys to pay the doctor directly for services rendered, in the event that payment is made by suit, settlement, compromise, or adjustment.

This order must, of course, be signed by the patient. In a strictly legal sense, it is not valid and can not be upheld in any court of law; but if accepted by the insurance company or the attorney of the patient, it will serve the purpose for which intended.

There has been a marked tendency on the part of physicians to speed up the timing of their collection programs. Where, originally, the first special statement was sent out ninety days following rendition of service,

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this same statement is now being sent out sixty days afterwards.

Collection follow-up letters, instead of being mailed at intervals of thirty days, are frequently sent at intervals of fifteen days. Patients are called upon by collectors and personal investigators at a much earlier date than heretofore.

This is not, however, an indication that collection methods are necessarily "hard-boiled." Quite the contrary. If more than usual leniency is to be extended in deserving cases, when there is no hope of collecting in the immediate future, it is obvious that any who *can* pay, be urged to do so. Strict account must be kept of all bills where there is any possibility of early payment, in order that service may continue to be extended to the others.

Someone must contribute to current expenses, if the doctor is to remain in practice. That is why early follow-up is more important than ever.

Promises to pay should be followed closely; and in important cases the debtor should be reminded several days in advance of the expiration of the agreement. It is generally conceded that the element of time is one of the most important factors in the successful operation of any collection program, and that accounts should receive unremitting attention during the first few months after being contracted.

So much for the newer collection ideas that are currently finding favor. Let us now consider some other, more analytical, features of credit and collections.

To improve the efficiency of any collection system, credit must be properly extended from the very start. It has been said that the proper extension of credit is ninety per cent responsible for the successful collection of accounts. We might even go so far as to add [TURN TO PAGE 135]

## NORFORMS

### FOR VAGINAL PROPHYLAXIS



- ★ Sustained Contact
- ★ Non-Irritating

Norforms meet the need for a convenient, non-irritating vaginal antiseptic, designed to remain in contact with the tissues long enough for effective medication. The active ingredients are in a carefully prepared base which melts quickly at body temperature.

In treating such conditions as leucorrhea, vaginitis and cervicitis, many physicians find Norforms of great value. Literature and sample gladly sent to physicians, on request.

THE NORWICH  
PHARMACAL COMPANY  
Norwich, New York  
*Makers of Unguentine*





*Do your patients say:*

**"HE IS THE BEST DOCTOR IN THE WORLD?"**

This championship title is gratefully bestowed by the patient upon the doctor who gives early relief from suffering, because it is pain and discomfort that make a sufferer of the patient.

★ Once the diagnosis has been made, there is a short, sure way of earning the gratitude of



the patient and enlisting his confidence and cooperation without recourse to narcotic drugs: by prescribing PERALGA for the relief of pain and discomfort.

★ This may be safely done because Peralga is not narcotic and consequently not habit-forming. It places the synergistic action of amidopyrine and barbital at your service as a prompt, efficient, safe analgesic and sedative, suitable for



use under any circumstances at every age period. Shall we send you a trial supply?

**PERALGA • FOR THE RELIEF OF PAIN**

SCHERING & GLATZ, Inc., 113 WEST 18th STREET, NEW YORK CITY

# Help Mates

WHEN DON'T THEY HELP?

By A DOCTOR'S WIFE

I HAVE in mind a doctor whom I pity for his futile struggles to get ahead in practice. It may be a brutal comment, but I am firmly convinced that his wife is in good part to blame for his lack of success. Among other errors, she gives the impression that they are living in poverty. She is a woman who busies herself with church and civic affairs, and is therefore constantly before the public eye. *She thinks she is being economical.* What a mistake!

Every physician's wife should always look her best, if not for her own self-respect, at least to impress the public with the fact that her husband is a success. To look her best does not necessitate the buying of a vast wardrobe, but it does mean having becoming and suitable clothes, and knowing how and when to wear them. Even a limited wardrobe—that costs but little can prove highly effective for the woman who will devote some time and thought to it.

Frankly, my husband has told me many times that people have come into his office because of me. It is easy for me to mingle with people of all kinds because I am interested in them. Not always has it been as easy as it is now, of course—for I have trained myself to be a mixer.

Once, while on an outing in the country, I talked with an old

farmer about how to market produce. Weeks later he walked into my husband's office and informed him that he must be all right to have such a nice wife. Again I used to listen by the hour to an old multi-millionaire tell how to run a perfect hotel. He went to my husband and told him that he was selecting him because of me.

"She is sincere," he said. "And I like a sincere woman."

I have come to believe, after long observation, that neither a professional man nor his wife should be too informal in everyday contacts. Breeziness and showy good fellowship do not usually hit the mark for a better practice in the professional world.

The intimate details of the family life should never be given to the public. Keep the next-door-neighbor in her place. The less she knows about us the more she respects us.

Experience has taught me that the more I watch my tongue, the better it is for both my husband and me. No one could hire me to talk about my husband's patients to other people or even refer to them if I can avoid it. It is not what *we* say but how it is repeated that frequently does the damage.

Some women seem to think that they can help their husbands by talking about them, not about their profession especially, but about them in general. This is not good policy. Some-

# Take the fear from BRONCHIAL INFECTIONS

The prevalence of infections of the respiratory passages emphasizes the need of therapeutic measures that will bring prompt and positive relief. An increasing number of medical men are routinely using

## NEO-GUAISODIDE INTRAVENOUSLY

Pain is ameliorated at once; fever can be expected to subside after the second or third injection—and sometimes after the first. It is therefore a truly economical treatment.

Neo-Guaisodide contains in the 20 cc. ampule; sodium iodide 2.07 Gms., guaiacol .04 Gms., creosote .04 Gm., glucose, 2.4 Gms. The 10 cc. ampules contain one-half the above drugs.

in bronchitis,  
bronchial  
pneumonia,  
and other  
respiratory ills

*Supplied quickly from any of the offices below*

### GEORGE A. BREON & CO., Inc.

*Pharmaceutical Chemists*

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319 W. 50th St.

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times their purpose is so obvious that it makes them appear a bit ridiculous.

The expression "My husband" should be kept out of conversation as much as possible. The young wives are the ones who seem to have this failing the most. How often I have wanted to give a word of warning to talking wives. They sit at bridge tables and let slip so many many things they should keep to themselves. The *Silence is Golden* motto would be a good thing for them to digest.

And how tolerant we must be! It is not always easy. How often some competitor's wife has drawn my silent contempt with her bragging about her husband's new cases.

The people whom we consider our best friends, or those to whom we have given a helping hand, often disappoint us by going to someone else professionally. But I have never revealed to others that this has happened. Talking about it would never have helped my husband's practice. Neither have I let it make any difference in my attitude toward these friends.

I have made it a firm policy never to allow myself to be drawn into quarrels or dissensions no matter how great the provocation. This means effort at self-control. But, in the end, poise never fails to command respect.

I knew a doctor's wife who believed that she was building for her husband by entertaining constantly. When she was not, they were being entertained. The result of it all was rather disastrous for him. Rumor ran rife about unpaid bills and about the doctor's constant tiredness from so much social life, a tiredness that unfitted him for his professional duties.

Again there may be too much of a swing the other way. Not to have any social life at all is unwise. Professional people are expected to be moderately active

# SANMETTO

for URETHRITIS  
CYSTITIS  
PROSTATITIS

An indispensable aid  
for relief of **ARDOR**  
**URINAE** and for  
**FOLLOW-UP**  
**TREATMENT.**

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# Peacock's Bromides

A combination of the  
five important bro-  
mides, Fifteen grains  
each fluid dram.  
**GREATER EFFEC-  
TIVENESS, TOLER-  
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ENED RISK of  
BROMISM.**

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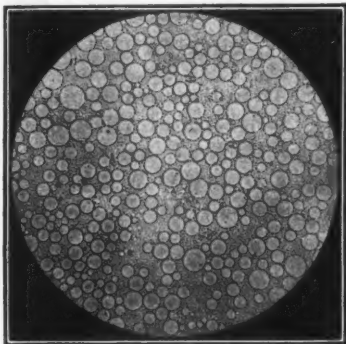
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# McKesson's ALBOMALT



**PHOTO-MICROGRAPH OF ALBOMALT**

Magnified 150 diameters. Note evenness of emulsion and that the Malt Extract surrounds the microscopic drops of Albolene, thus assuring the absorption of the Malt Extract, and allowing the Albolene in the Emulsified form to mix freely with the chyme.

## For use DURING PREGNANCY and PERIOD OF LACTATION

where drug cathartics are  
contra-indicated

Constipation usually attendant during pregnancy and period of lactation is corrected by Albomalt in a gentle and effective manner and at the same time provides food factors of known therapeutic value. Bowel action is produced without muscular exhaustion or rectal leakage.

The inclusion of Albolene (Standard for 45 years) which when emulsified breaks the oil into myriads of tiny spheres, vastly increases the lubricating surface and allows free mixture with the chyme.

McKESSON & ROBBINS, INC.  
Bridgeport, Conn.

E2

Gentlemen: Please mail me a trial size package  
of McKesson's Albomalt.

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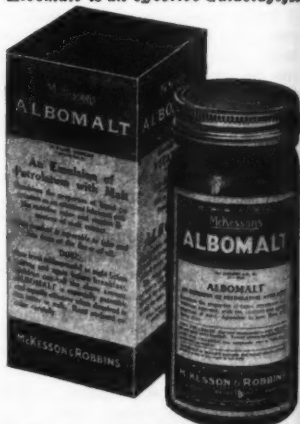
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An Emulsion of 50% Albolene (Russian Mineral Oil) and 50% pure malt extract rich in Vitamin B and high in diastase.

## A Nutritious Laxative Combination

Albomalt contains 68% Maltose, a most easily digested form of sugar. It is high in diastase, (60° Lintner scale) and converts 5 to 7 times its bulk of starches into soluble sugars. Rich in Vitamin B complex (B1, B2 (G)). This vitamin is most important during pregnancy and period of lactation. Lactic acid .6%.

Albomalt is an effective Galactagogue.



McKESSON & ROBBINS, INC.  
NEW YORK, BRIDGEPORT, MONTREAL

socially. Especially is this true in small cities. Not to belong to some social group lowers the prestige of a physician's family.

It happens that I do not personally enjoy spending a lot of time at bridge tables or dashing here and there; in consequence I studied over just how much of my time I should give to social life. I decided to entertain once in awhile, and then do as I pleased the rest of the time. By doing so, my husband and I have always had social invitations, and whether or not we accepted was up to us. Show people that you know how, as well as like, to entertain once in awhile, and your success is assured with the social group of a community.

I have always tried to be pleasant to everybody, regardless of what he is socially or otherwise. It has never hurt me and it has not only helped my husband but helped the other fellow. And if someone knocks my hus-

band or goes to another man, while still owing us, I let it make no difference in my attitude.

I have always refrained from gossip as much as possible. As for scandal I refuse to listen to it. I have not posed as too-good-to-listen, but have simply taken the stand that I was not interested.

Helping a husband means being tactful at all times. An old doctor's wife noted for her great tact said this to me: "Tact means saying the right thing at the right time. And if you can't say it—keep still!"

I have never forgotten her advice, which has many a time come to my rescue and prevented a diplomatic mis-step. It is the seemingly trivial word, or even look, that can do so much to handicap the progress of the physician. Attention to such details helps to determine the difference between real success and just mediocrity.

## Oliodin in colds

The action of this Iodized Oil Compound differs from other nose and throat preparations. Oliodin produces a mild hyperemia with an exudate of serum, thus depleting the tissues. Try Oliodin in connection with forms of treatment you may be using in the nose, such as Tamponage, Sprays, etc.



One dropperful of Oliodin in each nostril with the head well back affords quick relief.

The DELEOTON Company  
Capitol Station, Albany, N. Y.  
A trial bottle, please, to

Dr. ....  
Address .....

# NOW

## Genuine Phillips' Milk of Magnesia In Tablet Form— For Convenience



The value of Milk of Magnesia in medical practice has been established. And for over 60 years Phillips' has been considered the ultimate in purity and efficiency where milk of magnesia has been used.

We now offer Phillips' Milk of Magnesia in tablet form—each tablet representing the equivalent of a teaspoonful of the liquid. This amount will neutralize as much acid as three teaspoonfuls of a saturated solution of sodium bicarbonate or six ounces of lime water.

The new tablet form represents a marked advance in alkali therapy, in that one or two tablets is usually sufficient to relieve symptoms directly due to excess gastric acidity.

While effective, the tablets are not in the least unpleasant to take—they are mint-flavored and do not tend to produce distressing after-effects.

In the process of concentration, both the antacid and the laxative properties of magnesium hydroxide are retained.



## PHILLIPS'

### Milk of Magnesia

Prepared only by  
The Chas. H. Phillips Chemical Co.  
New York, N. Y.

# "X" Equals Success

## A DOCTOR'S SELF-ANALYSIS

As told to Hall Johnston

Here is the concluding chapter in this story of a doctor's career. Years have passed and the doctor is now well past the half-century mark. He no longer "sees through a glass darkly." He now gives advice instead of seeking it.

I SAID that I have never regretted my decision to remain a general practitioner, in the face of certain temptations to specialize. I mean that very literally.

When I abandoned the idea of becoming a specialist my life settled into a routine which demanded all of my time and almost more energy than I could muster.

Here I will bridge a long period, unbroken by any developments of particular importance. My domestic life was a contented one, and my wife and I made an annual trip abroad. During some of these holidays I managed to devote some time to an honest effort at post-graduate study.

Not so very long ago, as I passed the half century mark, I suddenly became fully conscious of the fact that I was recognized as one of the leaders among the general practitioners — in fact, the leader—in my community. The responsibility pleased me, and while I felt too modest to admit it to others, I felt in my own mind that it was true. The feeling of satisfaction over it was inescapable.

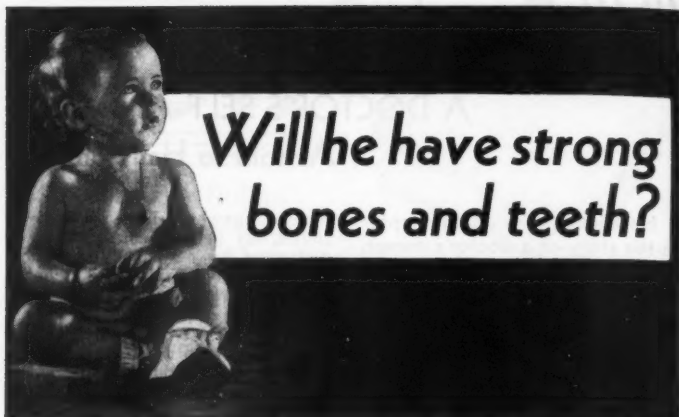
Today, just as I realize that I am safe in the harbor, protected from the troublesome questions

whose answers have all been found, my perfect contentment is disturbed by new problems forcing themselves into the smooth-running stream of my professional life.

Many of my fellow practitioners who look to me for leadership find their crafts battered by the economic waves now all but engulfing us. Some of them are drifting in the troughs, rudderless and without sails. They know that my own ship is far too staunch to be deflected far from its course, and they are asking me to give them a tow into a safe port. I do not mean that they are asking me for financial loans. They just want me to help them keep their boats pointed into the wind, so that all progress may not be lost.

A very promising young physician came to me recently and asked me to go over with him his books of accounts for the past three years. Of course they showed a serious loss of income. His chief complaint was on collections. He was still doing a respectable volume of practice, the majority of it representing patients in the moderate-means class. I knew from my own experience that the people in this class in our community had been particularly hard-hit by the depression, and that hundreds of them were in such serious financial plight that they would either have to neglect their health entirely or ask for unlimited credit from their doctor and dentist.

In desperation, my young friend had very carefully written up a letter which he was going to send to all patients who had owed him



## So much depends on his mother's diet during pregnancy and lactation

**A**T NO TIME is the need for a protective diet so great as during pregnancy and lactation. All elements required for the child's developing body must come from the mother's food—or from her own body.

Cocomalt has well proved its value during these two periods of special stress. For not only does it substantially increase the caloric intake: it provides *extra* proteins, carbohydrates, mineral nutrients (calcium and phosphorus) and vitamins.

Prepared according to label directions, Cocomalt adds 70% more food-energy nourishment to milk. Every glass a woman drinks is equal in food-energy value to almost two glasses of milk alone.

# Cocomalt

### DELICIOUS HOT OR COLD

Cocomalt is a scientific food concentrate of selected cocoa, sucrose, skimmed milk, malt extract, vanilla flavoring and added Vitamin D.

### ADDS 70% MORE FOOD-ENERGY NOURISHMENT TO MILK

(Prepared according to label directions)

### Rich in Vitamin D

Highly important to both mother and child is the rich Vitamin D content of this delicious chocolate flavor food drink. Cocomalt contains not less than 30 Steenbock (300 ADMA) units of Vitamin D per ounce—the amount used to make one glass or cup.

Cocomalt comes in powder form, easy to mix with milk—HOT or COLD. At grocers and drug stores in ½-lb. and 1-lb. cans. Also in 5-lb. cans for hospital use, at a special price.

### Free to Physicians

We will be glad to send you a trial-size can of Cocomalt. Just mail coupon. R. B. Davis Co., Hoboken, N. J.

Cocomalt is accepted by the Committee on Foods of the American Medical Association.



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Hoboken, N. J.

Please send me a trial-size can of Cocomalt, free.

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Address. ....

City. .... State. ....

for longer than three months. He had, of course, convinced himself that such a letter was a necessity, that he was fully justified in sending it, and he reinforced this opinion with all the old arguments about the cost of his education, the economic value of his services, and the folly of being over-lenient.

I agreed with him on all these points, and after I had read the letter he had decided to send to his patients, I picked up the letter in my two hands, and asked, "Will you permit me to tear this up?"

The young doctor looked somewhat startled—in fact he came very near to being offended.

So I added quickly, "I don't blame you for feeling discouraged. But after all so are many of these patients to whom you were going to send this letter. If you were a family man who had lost his job, and had gone to your physician hoping that he would help you protect your health so that you could reestablish your income, how would you feel on receiving a letter like this?"—and I read the first paragraph of his letter back to him.

I have forgotten the exact wording, but it was a rather drastic letter. As I read it to him, I laid full force upon the expressions that were particularly harsh. He saw the point.

Judged by ordinary standards, the young doctor probably had every right to approach his patients in drastic fashion, for those to whom he was writing had evidently not had the foresight to discuss their predicaments frankly with their physician, explaining that payments would be made when it was humanly possible.

Nevertheless, I considered that this was at least partly the doctor's fault, for his first step should have been to suggest, in extremely tactful manner, that the patient provide an explanation of his failure to reply to

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A few drops of the inhalant sprinkled on each end of the pillow gives off a vapor that lasts for at least eight hours. This vapor of Vapex has several effects:

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Moreover, Vapex is non-toxic and can be safely used for children and the aged.

Your patients will appreciate the relief that Vapex brings. As a supplement to your regular prescription for nasal ills, it will be found valuable not only because of its quick relief from distress, but also because of its germicidal power which tends to reduce the danger of secondary infection.

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statements. The present letter did not do this, but announced rather bluntly that payment would be expected immediately, or action would follow.

The doctor was also considering an announcement to the effect that his practice would in the future be conducted on a cash basis. My young friend had decided to be business-like all right.

I was glad to explain to him that he was on a decidedly wrong track, that these are far from being normal times, and that strict business methods which might be countenanced in normal times (though being of a conservative nature, I personally doubted it) were entirely out of place at the present.

Whether it is entirely fair or not, the physician has to share the grief of his patients—and today this includes financial grief. The doctor has a moral responsibility to care for those patients who are good pay in good times, and to wait indefinitely for his pay when this becomes absolutely necessary due to poor times.

That was the gist of the policy I suggested to him. Of course the young doctor immediately asked me how, if he followed this policy literally, he could keep the wolf from his own door. Then I began to ask him a few questions. I found that the practice he was then doing did not nearly warrant the size of office he was occupying in a modern, downtown office building. Further questioning revealed that he had been discussing his problems with some of his colleagues, young men themselves, who confessed that they were in much the same predicament. I made the obvious suggestion: that they arrange to share office space, thus reducing overhead radically, and even to stagger office hours, in order to reduce further the idle time of the office space.

The doctor was willing to cut down his personal expenses to

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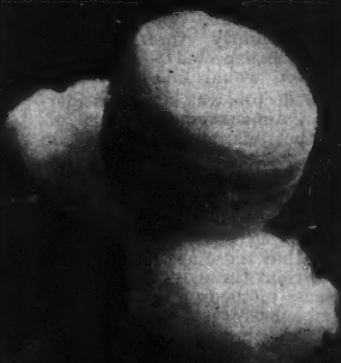
Dr. ....

Address .....

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ROBERT MCNEIL

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Gentlemen: Please send me samples of the four sizes of Rosebud Tampons.

Name..... Address.....

Dealer's Name.....



ME2

the minimum. I then suggested that he study the list of his patients carefully, and very cautiously urge payment in installments on the part of those who could manage it. Together we decided that a casual chat at the initial conversation, on the question of payment of the bill (if it was not obvious that this would be taken care of immediately) would place the doctor and patient on a basis of a mutual understanding.

In parting I gave him this little sermon: "Don't scuttle the ship, doctor. Take a chance on riding out the storm. When it's all over, you'll be more sure of your seaworthiness, and you'll also have more patients, and some of them will never forget their gratitude to you."

"This economic debacle will pass. We are bound to find it just a part of history some day. If you press these people too hard now, they will never forgive you; furthermore, they won't pay you anyway, so your plan would defeat its purpose. They need your help, and you should give it to them."

After he had gone, I fervently hoped that the economic crisis would be over before my own son, now in medical school, would be out in practice. What a time to face the uphill struggle that begins every career! How little he would be prepared, except for the advice I could give him, for the economic problems he would meet.

I wondered what his reactions would be as he emerged into the maelstrom that had given me so much difficulty. Would he take himself as seriously as I had done? I hoped he would not have to—that the solution of the problem would come more easily and naturally, that he would be a "born" doctor.

My son, incidentally, likes to tell me that I made a mistake in deciding to remain in general

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IRRADIATED DRYCO  
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AGAINST RICKETS!

"The great advantage of using activated milk, both fluid and dry, in the prophylaxis of rickets is that this measure furnishes an automatic method of therapy and likewise provides calcium and phosphorus."

(Hess, A. F., and Lewis, J. M.

*Jour. A. M. A., Vol. 99, No. 8, Aug. 20, 1932)*

"It may be added that dry milk, milk dried by the roller process, was found last year to be very effective in protecting against or curing rickets and that this product maintains its potency for a period of many months." (Ibid.)

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practice. He thinks I would have had a bigger career as a specialist. Sometimes, during one of his visits at home, the matter resolves into a real argument.

He is unable to know what I know, or feel what I feel. He is learning scientific medicine. He has still to learn human medicine. If his love for the latter proves to be anything like mine, he will understand some day.

It is my hope that he will then decide to remain in general practice.

## The Doctor and His Investments

[FROM PAGE 73] difficult to meet payments on their loans. Defaults, as the result of this, have mounted rather consistently.

The dilemma confronting these municipalities in their attempts to collect taxes from jobless and moneyless citizens has also done its share to weaken town and city budgets. Even the necessity for providing unemployment relief has added its burden in varying measure.

As might be expected, a considerable number of municipalities have been able to maintain harmony and stability in their financial houses. But the great total of those who have not been so fortunate makes it essential for the holder and buyer of municipal bonds to exercise extreme caution, keeping himself

constantly and fully informed as to the status of his present or prospective investments in issues of this class.

A prudent policy, in my opinion, calls for the inclusion of municipal bonds only in the portfolio of a large investor to whom their tax-exempt features are a vital consideration.

Proceeds from security sales made in accordance with changes in the February Investment Guide should be retained in cash form, pending further attractive buying periods. When the right time comes for increased participation in stocks, readers will be notified of it in advance. Until then, I would advocate placing in stocks no more than 25 per cent of any physician's entire investment fund, adding that such purchases should be confined to reactionary market periods.

Only stocks of the better grades merit retention just now. Bonds, on the other hand, may well be selected from among the medium grade offerings. The latter allow ample protection if chosen with an eye to their statistical soundness; and they possess better prospects for enhancement in market value over the next six months than do issues of top-notch quality.

Speaking generally, the physician who does any investing ought to maintain a cautious attitude between now and mid-summer. If he keeps both feet on the ground and does not allow himself to be influenced into taking headlong action—particularly in the buying of stocks—he will be doing all in his power to protect

---

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Nonmedication of any kind in this palatable emulsion of Nujol, produced in response to physicians' requests. Its action is entirely mechanical. When you prescribe this lubri-

cation therapy for intestinal stasis, you can be sure of its uniformity and effectiveness. Its ingredients exceed U. S. P. requirements. Samples to physicians on request.

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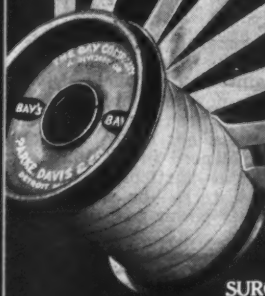
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ME 2

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Doctor.....

Street and No.....

City..... State.....

Surgical Dealer.....

himself and to solidify his investment position.

If the months ahead bring improvement, as I feel reasonably sure they will—so much the better. If things get materially worse, there will be ample opportunity for the investor who plans conservatively now to prevent undue losses.

## Security Taxes

A discussion of current trends and facts pertaining to the security markets would not be complete without some reference to the new taxes in their relation to the investor.

In this connection, three developments stand out as highly important.

In the first place, investors who have lost money last year and this year may still be obligated, by the Revenue Act of 1932, to meet sizable income taxes.

According to the new Act, taxpayers are not allowed in most cases to deduct their security losses from general income. Such losses may be applied only against security gains.

In other words, should a physician with a \$15,000-a-year income from his practice lose \$40,000 in the stock market, he is still obligated for his tax on the \$15,000, and secures no privilege to make a deduction in the same year on account of his \$40,000 loss.

On the other hand, there is some consolation in the fact that if a loss on securities equals or exceeds one's taxable net income, this loss may be brought forward to offset security gains during the following year. In the above instance, therefore, it would be possible to bring forward \$15,000 of the \$40,000 loss to offset security profits in the subsequent year.

The next important provision of the Revenue Act of 1932 which affects investors, concerns the time-limit on deductions. This

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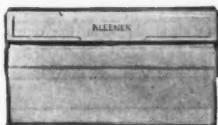
**T**HIS is a way for you to make a *double saving!* First of all, Kleenex reduces towel expense. Professional men find these super-soft, super-absorbent tissues practical, inexpensive for dozens of office uses!

And now this special Kleenex offer brings you a further saving! While this offer lasts you get 2 packages of Kleenex **FREE**—14 packages for the price of 12! Use the order form below and specify which size Kleenex you want.

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- ☐ 1 Kleenex Wall Cabinet—  
☐ Towel Size    ☐ Napkin Size . . . \$ .25

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ME-2



should be carefully considered before securities are sold.

Provisions discussed in the preceding paragraphs are not applicable if the securities on which losses were suffered have been in the possession of the investor for two years or more. No doubt this exception was introduced by Congress in the desire to bear down less severely on investment losses than on speculative losses.

If several certificates of a particular security are being held, the choice of the certificate that is to be delivered when part of the stock is offered for sale may vitally affect the tax liability involved, the question then arising as to whether the specific certificate delivered has been in the possession of the investor for more than two years or less.

Still another queer condition—a paradox: In the event that a security should become entirely valueless, the restrictions discussed do not affect it. On the other hand, if the investor sells it at even a negligible price, or if such a price is attained in liquidation, the restrictions then do affect it. From the standpoint of liability for taxes, some investors will be more fortunate if their entire investment is wiped out than if part of it is recovered.

The third element in the Revenue Act of 1932 which affects investors has to do with transfer taxes.

Every buyer or seller of bonds or stocks will find it necessary to pay increased taxes on the transfer of these securities. The Act provides that the stock transfer tax shall be levied at the rate of 4 cents for each \$100 par value of a certificate, and at the rate of 4 cents for each share of no par stock. Should the market price of the stock be \$20 per share or more, the 4-cent rate in both instances is increased to 5 cents.

Obviously, there is a discrimination on the part of the Act between par and no par shares. For

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Please send me professional sample of Sodiphene.

Dr. ....

Address .....

City..... State.....

# After all, Castor Oil isn't Digitalis

Never has a human life hinged upon the choice of one particular brand of castor oil. The casual observer might suppose that therapeutically, at least, one good brand would be the equal of another.

So it is significant that almost one-fifth of the physicians who replied to a recent questionnaire chose one brand—KELLOGG'S TASTELESS CASTOR OIL. They know that its refining is superior—that it has no free fatty acid content and, therefore, no after-nausea—that it is bottled and sealed immediately after being crushed from the bean, and is *tasteless* because it is *pure*.

## Have you sent for your copy of Achievement?

32 pages of the achievements of physicians outside of their profession. Such names as Keats, Goldsmith, Holmes, Wood, Clemenceau, are among the famous men described in this interesting booklet. Sent free on request.



*National Distributors*

WALTER JANVIER, Inc., 121 Varick St., New York, N. Y.

instance, 100 shares of a stock having a par value of \$1 per share may be transferred for only 4 cents. On 100 shares of no par stock, however, the tax is \$4. The market value of the shares may be identical.

While expressing indignation against steadily increasing tax rates, many an objector today fails to get at the root of the difficulty. He decries Government extravagance, unbridled bureaucracy at Washington, and the manifold slips and blunders of our congressmen and senators.

Without doubt, these accusations are partly justified. But the responsibility for high taxes does not rest entirely with the Government and its public functionaries. As Andrew Mellon, former Secretary of the Treasury, observed, in his report to Congress, in 1927:

When the average citizen grumbles over the size of his income-tax payment he often visualizes his hard-earned money being spent by the Government to compile reports on business or agricultural conditions, or to erect public buildings, send diplomats abroad, carry on scientific investigations, or make and enforce laws. As a matter of fact, a small part of the taxpayer's dollar goes into work of this sort, only about one-sixth being used for all the multitudinous types of ordinary civil functions added together . . . The peace-time budgets of modern occidental nations are largely concerned with the costs of past and future wars.

A report published by the United States Bureau of Efficiency during the same year Mr. Mellon made the foregoing statement, showed that, in 1927, nine years after the World War had been concluded, 82 cents out of every Federal tax dollar in the

United States was being used to pay for expenses incurred through past wars and through preparation for future wars. Even today, many authorities agree this figure holds true.

As the New York Trust Company's magazine, "*The Index*," states: "Any hope for substantial economies in the immediate future must depend upon reducing the costs of the nation's military and naval establishments.

"In his address to the International Chamber of Commerce, last year, President Hoover estimated that there were, at that time, nearly 5,500,000 men under arms in all countries, with 20,000,000 in reserve; and that a total of nearly five billion dollars was being expended annually for armaments.

"He declared that: 'This vast armament continues not only a burden on the economic recuperation of the world; but of even more consequence, the constant threats and fears that arise from it are a serious contribution to all forms of instability, whether social, political, or economic.'

Unfortunately, disarmament is a highly technical problem that cannot be solved without extended and patient cooperation among all nations. Most of the proposed plans for armament reduction have been rejected.

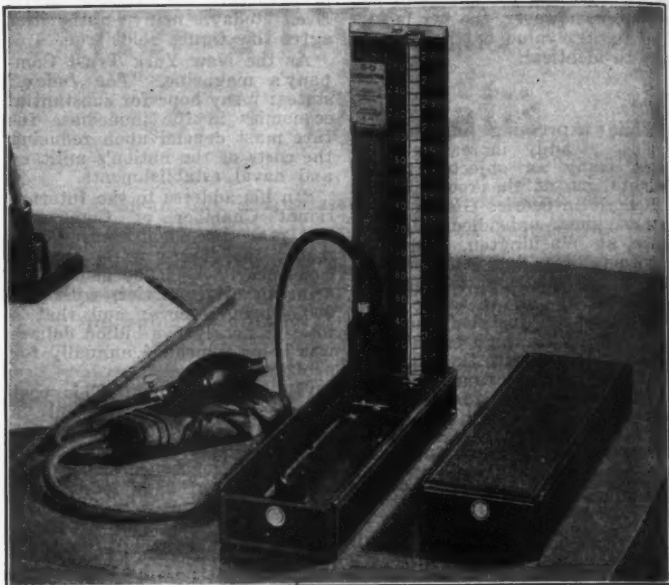
Until a satisfactory solution is found acceptable to all world powers, the staggering burden of armament costs will persist. Taxes, at the same time, are bound to adhere to peak levels—despite the maledictions of several million "conscientious objectors."

## NEO-REARGON

The unusual power of NEO-REARGON as a Gonocide is due to the high percentage of Silver-Nitrate, made possible by its direct chemical association with glucosides. Solutions are painless and non-irritating. Technique on request.

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### "MEDICAL CENTER"

. . . MADE OF BAKELITE

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Gentlemen: I would like to inspect the new B-D Medical Center Manometer at my dealer's.

Dr. ....  
Address .....  
Dealer .....

MAKERS OF DIAGNOSTIC INSTRUMENTS FOR MORE THAN A THIRD OF A CENTURY.  
**BECTON, DICKINSON & CO., Rutherford, N. J.**

## Questions of Payment

[FROM PAGE 23] agreed to pay the plaintiff.

The court held that this was an original promise and that the physician could recover his fee. The services were apparently rendered solely upon the credit of the defendant.

A different case, of the second type was that of *Swarens vs. Pfnisel, et al*, decided in 1930 by the Supreme Court of Missouri.

The physician sued the injured party and a cousin of the injured party, as co-defendants, alleging that he had rendered services at the special instance and request of both. Here, the supreme court held that the physician could not recover against the cousin, saying in part:

While no claim is made as to the reasonableness of the charges made by the doctor . . . the alleged promise of Mrs. Amel (cousin) to pay the plaintiff, not being in writing, was void . . .

In order to hold one for price of goods delivered to another, in the absence of writing, it is not only necessary to show a promise on his part but it is requisite to show that the credit was given solely to the party making the promise.

Here is a like case that was appealed to the Nebraska Supreme Court:

The physician sued to recover from the defendant for services rendered 'to the defendant's daughter, a married woman living with her husband.

Shortly after the treatments were started, the physician asked the defendant, "Who is going to pay for the services?"

The defendant replied, "I'll help to see you get it."

Later, the physician sued the father for the amount of the bill. The defense was the statute of frauds, namely: that an agreement to answer for the debt, default, or miscarriage of another

## IN THE TREATMENT OF ~

### COLDS

RECENT work on influenza, the common cold, pneumonia and catarrhal fevers in general has served to focus attention on the value of alkalinizing the patient as an important part of treatment.

During the influenza epidemic, patients so alkalinized showed a low mortality rate and, in the main, a quick convalescence to final recovery.

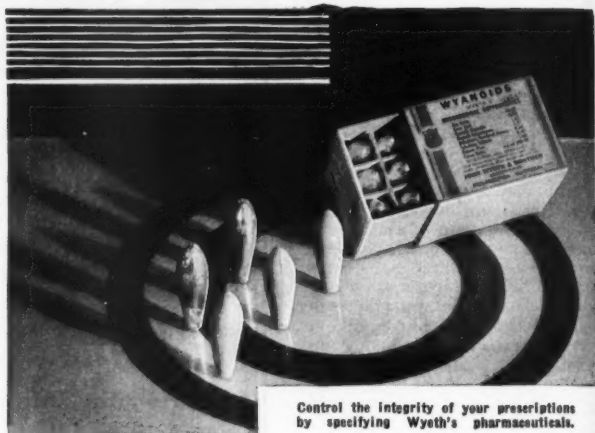
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The new Wyeth Hemorrhoidal Suppositories — WYANOIDS — are recommended to the medical profession for the relief of inflamed, painful and bleeding piles.

This new suppository allays inflammation, relieves tissue engorgement and pain, and promotes resolution after rectal operations.

A special "torpedo" shape renders them easy to insert and retain.

Like all Wyeth suppositories, Wyanoïds are smooth, well made, accurate in dosage.

Wyanoïds are supplied in boxes of 12 suppositories with loose detachable labels for dispensing.

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OF  
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FOR  
CLINICAL TEST

**JOHN WYETH & BROTHER, Inc.**  
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will not be enforced unless there is some note or memorandum in writing signed by the party to be charged.

Was the father liable, or was his promise unenforceable because it was not in writing?

The supreme court held that the father was not liable, saying that the promise was by its very terms, an agreement to answer for the default of the parties who were primarily liable for the services to be rendered. The fact that the plaintiff did not render the services upon the responsibility of the daughter and her husband, without the additional promise of the defendant to see that the physician received his pay, is not sufficient to take the promise out of the statute.

Of course, if the promise of the third party is made after the services have been rendered, it is clearly the debt of the patient, and such a promise must be in writing, unless there is a new consideration of benefit to the third party, which does not often happen in medical cases.

The foregoing discussion relates to the liability of a third party, who, in the absence of a promise to pay, would not be liable. In many instances the liability of the third party is already established by law, as in the relation between a husband or father and his wife or minor child.

It is often a good plan to have both the patient and the third party sign a promissory note, thus making them equally liable. Of course, it is difficult to fore-

tell in advance just what the charge for the services rendered will be, but it can generally be estimated with sufficient accuracy.

The two forms of promissory notes already given may be used, as indicated, when the physician is dealing directly with the patient. Should he find it necessary to secure payment from a third person he may make use of the following form:

To  
JOHN JONES, M.D.  
10 EAST BLANK ST.  
CHICAGO, ILLINOIS  
For professional services rendered at my request to \_\_\_\_\_,  
I agree to pay \_\_\_\_\_  
after date, a sum not to exceed \_\_\_\_\_  
dollars.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

And, finally, when the same situation prevails but when the third person is of irresponsible character, this more binding agreement is recommended:

To  
JOHN JONES, M.D.  
10 EAST BLANK ST.  
CHICAGO, ILLINOIS  
For professional services rendered at my request to \_\_\_\_\_,  
I hereby guarantee to pay such sum or sums \_\_\_\_\_ after date as may at any time or times hereafter become due in respect to such services rendered. You are free to give \_\_\_\_\_ at any time, and from time to time, such extension of credit as you may think proper, but my liability is not to exceed the sum of \_\_\_\_\_ dollars, for which sum this shall be a continuing guaranty.  
DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

It is the exceptional case where the use of any of the forms suggested in this article is either necessary or desirable. Nevertheless, every physician, regardless of how distasteful the object may be to him, should prepare himself

## CREAM of NUJOL

No medication of any kind in this palatable emulsion of Nujol, produced in response to physicians' requests. Its action is entirely mechanical. When you prescribe this lubri-

cation therapy for intestinal stasis, you can be sure of its uniformity and effectiveness. Its ingredients exceed U. S. P. requirements. Samples to physicians on request.

STANCO INCORPORATED, 2 Park Avenue, New York City

# The Natural Source



**ALYCIN** is supplied in 1-ounce,  
1/4-pound and 1-pound bottles

**I**N SPITE of the perfection of artificial illumination, no light has as yet been produced as a substitute for all the benefits of sunlight.

Similarly in the field of medicine it is seldom that any imitation proves as valuable as the natural product. There are synthetic salicylates, for example, which are cheaper than the products obtained from the natural source, but physicians who prescribe Natural Salicylates (Merrell) do so because they find them superior to synthetic imitations.

## THE DUAL ATTACK

In the treatment of colds, respiratory affections and rheumatism, many outstanding authorities favor the association of alkaline medication with salicylates, for greater convenience, increased effectiveness. Therefore, we have combined Natural Salicylates (Merrell) with a balanced alkali in one formula:

# ALYCIN

## ALYCIN IN COLDS

The association of a balanced alkali with the salicylates in Alycin combats the tendency to acidosis, favors recovery and prevents complications.

A teaspoonful of Alycin presents a mixture of natural salicylates, 10 grains in an alkaline base, 20 grains.

**THE WM. S. MERRELL COMPANY**  
CINCINNATI, U. S. A.



Which of these three alternatives to follow is the physician's own decision. There is no suggestion in this article that he should be "hardboiled." He should simply look facts in the face, and determine his policy.

The question of help early came to the fore, and the first need was for a laboratory worker. For the first two years I did as most of us do who have private practices, I suppose. I either performed, or had performed by a clinical laboratory to which I sent the patient, any laboratory test that my examination made me feel might help in my diagnosis. But this was not satisfactory: I

**Clinically  
TESTED**

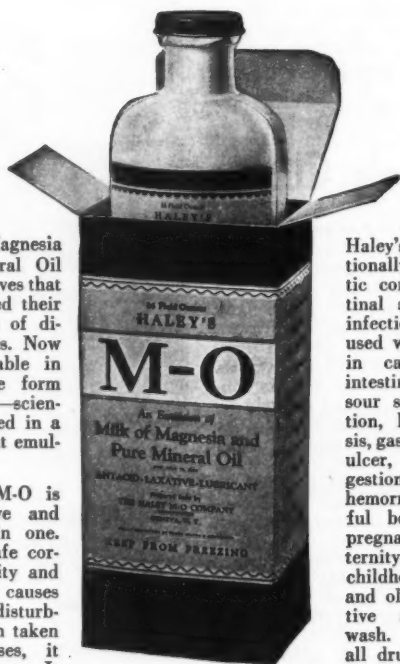
FEMINA 100

FEMINA 100's balanced, given the physician the effectiveness, advantages of both oral Hydrocortisone exhibited in a single vehicle supporting fluid base.

**HART DRUG  
CORPORATION**  
MIAMI, FLA.

The double benefits of two  
reliable correctives

# MILK OF MAGNESIA *plus* MINERAL OIL



**M**ILK of Magnesia and Mineral Oil are two correctives that have long proved their merits in cases of digestive disorders. Now they are available in doubly effective form in Haley's M-O—scientifically combined in a single permanent emulsion.

Thus Haley's M-O is antacid, laxative and lubricant, all in one. It provides a safe corrective for acidity and constipation. It causes no digestive disturbance—and, when taken in normal doses, it causes no leakage. It is prescribed for patients of all ages. Being practically tasteless, it is pleasant to take.

Haley's M-O is exceptionally useful in spastic constipation, intestinal stasis and auto-infection. It is also used with good results in cases of gastrointestinal hyperacidity, sour stomach, palpitation, heartburn, pyrosis, gastric or duodenal ulcer, intestinal indigestion, colitis, and hemorrhoids. Also useful before and after pregnancy and maternity, in infancy, childhood, maturity and old age. An effective antacid mouthwash. Procurable at all druggists'.

Liberal sample and literature sent on request. Address The Haley M-O Company, Inc., Geneva, N. Y.

## HALEY'S M-O

—an emulsion of milk of magnesia and pure mineral oil

wanted to give every child a complete examination, and occasionally pick up a diabetes, an intestinal infestation, an unsuspected kidney involvement, that had slipped past the other fellow.

After two years without a laboratory assistant, I was fortunate in securing what I should hardly know what to do without—a laboratory service. What do I mean by this? Not a technician to work under me, for I am not sufficiently up on laboratory technique to train such a technician—nor, to put it bluntly, have I the patience to oversee her work.

Instead of this, I buy from a laboratory in a neighboring city the services of a technician trained by the director of this laboratory. She does a routine urine and stool on every case that comes into the clinic, a complete blood test—hemoglobin, red, white, differential, and malaria—on every case that gives any indication for it, sputum, smear of any suspected fluid, spinal fluid count, and any special test that seems to be indicated.

Best of all, she is trained not only to do efficiently what she can do, but to know what she cannot do. In the latter instance, she collects the specimen and sends it to the main study, and report. Patients who can afford to pay full clinical laboratory rates for this service, are charged

the customary fee of a first class laboratory. Those to whom this would be a hardship, are charged less; many are given this full service free.

Experience has shown that the income from this service, received from full and part-pay cases, more than covers the fee paid to the laboratory for technician and consultation service. Needless to say, such a system for giving unlimited laboratory study to any patient, irrespective of his financial ability, is almost a rarity in private practice.

In the height of the season, perhaps for but the four peak weeks out of the twelve or more weeks of the summer season, it has been a great help to engage the services of some general practitioner in the neighborhood who is interested in children. It is his task to take histories and to make preliminary physical examinations, so as to keep patients moving along without too tiresome waits. To be sure, the playground and the interesting things for parents and children in each room, help. But in the peak of the season it would be impossible to give the complete physical examination on which the work of the clinic rests, without some such help, at least during the morning session, which is the time preferred by most parents. Special cases can be referred back for longer appoint-

**Send for a Sample!**

## MICAJAH'S SUPPOSITORIES

*Rectal sufferers are grateful for the relief afforded by these dependable suppositories. Do not arouse intolerance of the rectal mucosa. Backed by years of success. Prescribed by physicians for treating*

### HEMORRHOIDS

*fistula ani, proctitis, pruritis.*

*Soothing. Healing. Styptic. Non-narcotic.*

*Non-toxic. Non-irritating. Antiphlogistic.*

*Samples and literature to physicians upon request.*

MICAJAH & CO.

214 Conewango Ave.,

Warren, Pa.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

# — in Pernicious Anemia

the desiccated gastric mucosa of swine has proved highly effective, both for inducing remissions and maintaining normal blood pictures.



presents gastric mucosa, carefully selected and processed, in a product of pleasing palatability and capable of being prepared in varied combinations to gratify the patient's taste.

While not amenable to sampling, the many advantages of Cytinzyne in the treatment of Pernicious Anemia, are graphically described in an attractive brochure which will be sent physicians on request.

.....  
**PITMAN-MOORE CO., Indianapolis**

You may send me your brochure, Cytinzyne in the Treatment of Pernicious Anemia.

\_\_\_\_\_ M. D.

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ments, if necessary, in the afternoon.

In the height of the season it has been customary still further to increase the staff by the addition of some young woman who lives in town, or who may be here for the summer, to help in the playground, or in dressing and undressing of patients in the examining rooms and ultra-violet treatment room. This is always easily possible at a small rate, as it does not call for technical skill or training, and such help can be dispensed with as soon as the need for it ceases—a most important point, where Old Man Overhead must be watched so closely.

As to upkeep, our only expense is for a part-time cleaning woman, a part-time man to keep the grounds in condition, and an abundance of paint. Paint covers a multitude of architectural discrepancies within, just as vines, shrubs, flowers and trees do without.

"Save the surface and you save all," is one of our slogans; the other is "cover the surface, and folks won't criticize the little old building too harshly." In fact, it is a poor summer when we do not get some very flattering words about the picturesqueness of the little building which, with its outdoor waiting room, meets so admirably the need to which it ministers.

The fourth and fifth points—the use of records and the increase of practice—are both dependent upon the way in which the clinic work is done. Here may be the place to discuss this briefly.

All patients and parents enter by way of the playground, on the slope at the side of the building and well below street level, and are met in the big downstairs waiting room, by an aide. This young woman takes name, address, age, sex, doctor or friend referring (and name of family physician, if this is not the same),

## KILL PUTREFACTIVE ORGANISMS IN THE BOWEL



There is one rational way to do this, and that is to promote the growth of the benign organisms — *b. acidophilus* and *b. bifidus* — Nature's method of changing the intestinal flora.

Lacto-Dextrin does this, because it provides the right carbohydrate foods to promote rapidly the growth of the normal, protective germs in the colon.

Where the patient has a toxic condition of the bowel, prescribe

### BATTLE CREEK LACTO-DEXTRIN

(Lactose 73% — Dextrine 25%)

Lacto-Dextrin is a food, not a drug. It is easy to take — can be prescribed for any patient where the diet is not restricted in carbohydrates. May we send you a sample? Use coupon.



### MAIL COUPON TODAY

THE BATTLE CREEK FOOD CO.,  
Dept. ME-2-33, Battle Creek, Michigan.

Send me, without obligation, literature and trial tin of Battle Creek Lacto-Dextrin.

Name.....

Address.....

.....

.....

on the regulation clinic record sheet (see Figure 1).

They may then wander about the big downstairs play-room—waiting-room, or play outside, until summoned to the laboratory on the main floor by the technician, who uses her judgment concerning whether to secure specimens then or after the physical examination has been made. The latter is customary if blood specimens have to be obtained. The bright-colored chamber and the toilet seat shaped like a gaily feathered duck, make the adjoining toilet room attractive for the obtaining of urine and stool.

The patient then passes into the history room, undresses and is weighed and measured while the history is being taken and recorded. Height and weight are recorded, together with the average weight, and the number of pounds and the percentage deviation, whether above or below.

The Baldwin-Wood Weight-Height-Age Tables (Figure 2) are used for this, and the method is explained to the mother. Mother and patient are then sent into the work room, as the examining room is called.

Here there are three examining tables, painted an attractive blue, and curtained off from each other and from the rest of the room with bright curtains—two high tables for infants and toddlers, and a lower one for older children. This greatly conserves the doctor's time, as he does not have to wait for time-consuming undressing and dressing.

Far from being a drawback, having two or three patients on the tables at a time rather dispels the nervous tension shown by some parents and children, when ushered ceremoniously into the examining room to face the ordeal alone.

•

At the conclusion of the examination, the parent (usually without the child) is asked to step

back into the inner office, for a discussion of the case and the findings. Instead of dragging the child reluctantly with her, the mother is asked to turn him over to the technician, whose skill at getting blood or other specimens painlessly and without eliciting an outcry is a constant wonder to me.

The parent is allowed to tell her whole story—as far as time will allow!—and is given instructions and prescription (if any). This little touch of privacy covers the very necessary ground of letting each feel that she has the doctor's undivided attention for the necessary space of time.

At the end of each day, an appropriate form letter is filled out and sent to the family physicians of patients seen that day, whether or not they were the referring doctors. This letter reads:

Dear Doctor:

Your patient, \_\_\_\_\_ of \_\_\_\_\_ was brought to the Clinic today for examination and treatment.

A report will be sent you shortly, with findings, treatment, and progress of the case. Meanwhile, please accept our thanks for referring him—her to us.

Cordially yours,

If some one else referred the case, a courteous note of acknowledgment would seem to be the least that should be done in the way of thanks for this real courtesy. As soon as the case is ended, or the patient leaves for home, a full history of the findings, the treatment, and the follow-up suggested, is forwarded to the family physician, together with all the laboratory work done. This is not only common courtesy; it is a right that belongs to the parent who is paying for the service that has been rendered, and who is entitled to a carry-over to his own doctor.

One question asked as part of every routine history has to do with the protective inoculations that the child has had. A "Vaccination Certificate" is filled out and given to the mother. She

may if she wishes get the signature of her own doctor later on to protections he has given (the certificate has space for this). The need to complete the child's protection by having any omitted procedure done, is pointed out to the mother.

Every week vaccination form letters are filled out from the records obtained during the week preceding, and mailed to parents staying in town, provided, of course, that the child lacks the complete protection available. I know of no other method that so surely frees the doctor from the charge of neglect of his duty in this matter. There is no further urging on the part of anyone in the clinic. The vaccination form letter reads:

Dear M———:

According to our record, obtained from you, your son—daughter has not been protected against small-pox, diphtheria, typhoid fever.

We shall be giving all three of these protections, and administering the Schick test, next \_\_\_\_\_ day,

\_\_\_\_\_ the \_\_\_\_\_ from \_\_\_\_\_ o'clock, at the Clinic. We shall be glad to have you bring him—her at that time, so that all protections may be brought up to date.

Cordially yours,

If special examination or treatment is needed (eye, nose and throat, orthopedic, dental, etc.,) the proper blank is filled out. The form reproduced in Figure 3 shows clearly when the next visit should be made.

A sheet called the "48-Hour Food Record" is a very useful aid in finding out just what articles of food and how much of each a child is getting. It is to be filled out at the table by the parent, and mailed in or brought back at the return visit, when calories are quickly filled in and added up by an aide, and a record of the daily caloric intake made.

Just now we are experimenting with a little looseleaf booklet cover to be given the parent on the first visit. This contains the form in Figure 4, with the summary of the condition of the

patient. Bound in with this is to be a blank page, for instructions. Special sheets may be added from time to time, as occasion calls for them—feeding instructions, bath, care of the skin, stool training, weight chart, temperature chart, etc.

In this way the mother gets a baby or child welfare book, *made to order for her special use*.

It has been found that parents greatly appreciate this special consideration; it is one of the things that they remember, and that distinguishes the physician who is thoughtful enough to provide for the parent's interests in this way, from the one who "just can't bother" about it.

It is interesting to note that as the years go by, the percentage of referred cases increases, as is the experience of most pediatricians. What is different from general pediatric experience is the comparatively high proportion of well, or below-par, children, as compared with those who are acutely ill.

The latter are accommodated in hotels, boarding houses or private homes in the neighborhood, thus doing away with the bugbear of most doctors: maintaining a hospital or sanatorium.

Every child is a problem child; and when parents see that a pediatrician is interested in the well child and his difficulties in the way of temperament, discipline, education, etc., they are quick to avail themselves of the opportunity to correct the physical and the emotional at the same time.

Without this type of practice, the work of the clinic would be much smaller than it is. With it, and with the consultation facilities available in a nearby city, the field for any such effort is unlimited. The summer pediatric clinic is an ideal solution, from the standpoint of burdened parents, as well as from that of the pediatrician who likes work of this sort.



# MOTHERS' MILK normally does not contain sufficient Vitamin D

**S**O much evidence has been adduced on this point that physicians now very generally recognize the need for a way to supplement the lack of antirachitic vitamin D in the diet of the nursing child.

Yet the direct administration of vitamin D to very young infants has obvious disadvantages.

It is for this reason that a means of increasing the vitamin D potency of mothers' milk itself has been sought by research workers. And preliminary tests among groups of lactating mothers now indicate that an excellent transfer of this vitamin from the diet to mothers' milk is obtained when *Fleischmann's*

*Yeast is added to the diet.*

Every cake of *Fleischmann's Yeast* is now "irradiated" with ultra-violet rays. Every cake has a known vitamin D potency . . . greater than that of any other food. And in addition, it is of course extremely rich in vitamins B and G, also essential in the diet, particularly during lactation and pregnancy.

Only *Fleischmann's* fresh Yeast, you know, contains all three of these vitamins, B, G and D, together with all yeast's other natural nutritional and therapeutic elements.

Simply recommend three cakes daily—plain, or in water, milk or fruit juice.

*It is the richest food in Vitamin D . . .*



Health Research Dept. MA-2, Standard Brands Incorporated,  
691 Washington Street, New York City.

Please send me a copy of the booklet, "Yeast Therapy."

Name \_\_\_\_\_

Address \_\_\_\_\_

Copyright, 1930, Standard Brands Incorporated.



## Motion Pictures

[FROM PAGE 31] of times, thereby emphasizing the fine details of minute structures, operative procedure, and pathological specimens.

The requisites of a successful surgical film are the cinematic aids enumerated, good surgical technique, and a "camera instinct" whereby one becomes accustomed to work without interfering with the eye of the camera. In addition to presenting the operative procedure, considerable space should be allotted, when feasible, to emphasizing the salient pre- and post-operative findings, and the gross and microscopic pathology. This should include X-ray studies, objective and subjective symptoms, a survey of the dressings and post-operative treatment, as well as the end result.

Motion pictures such as these make possible a study of the particular case which, because of the protracted nature of the treatment, cannot be readily obtained by mere observation of the work in surgical clinics.

I have worked in this cinematic field since 1920, when I developed "The Human Body in Motion Pictures," together with a textbook and film slides on the same subject. It has recently been my privilege to complete a "System of General Surgery in Motion Pictures." To date, I have available over 80,000 feet of 16 mm. print, which is equivalent to 200,000 feet of the standard width.

This comprises a library of 200 reels of approximately 400 feet each and deals with over 200 operations. Each reel is accompanied by a full text giving the clinical history, physical findings, operative procedure, and post-operative course, adhering as closely as possible to the contents of the pictures.

The compiled text of all the reels constitutes in itself a clinical textbook of surgery. To my

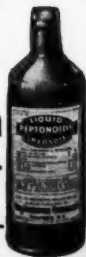
## Palatable non-irritating in the treatment of coughs .. grippe bronchitis

There is never any reluctance on the part of children or adults in taking Liquid Peptonoids with Creosote. It is palatable, non-irritating and can be retained by the most sensitive stomach. Clinical test will prove the value of this product as a bronchial expectorant and sedative. The coupon will bring samples and literature.

*By the makers of NEO-CULTOL.*

## Liquid Peptonoids with Creosote

The ARLINGTON  
CHEMICAL CO.  
YONKERS, N. Y.



Gentlemen:

Please send me a sample  
of Liquid Peptonoids with  
Creosote.

ME-2

Dr. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

# DIATUSSIN



*"Twenty drops  
won't hurt ~  
but three drops  
will do ~ ~ ~"*

Diatussin  
Bischoff

*for*

**WHOOPING COUGH**  
and **BRONCHIAL IRRITATION**

ERNST BISCHOFF COMPANY INC 135 HUDSON ST., NEW YORK, N.Y.

knowledge, this is the first successful attempt to produce a system of general surgery in motion pictures.

These films are of particular value as an aid in teaching. Their inclusion in the curriculum of medical schools and in the course of post-graduate instruction has been received with very apparent enthusiasm.

[EDITOR'S NOTE: These films may be obtained for permanent use by medical schools without any charge except for the actual cost of the print. For presentations to the depression there is a nominal rental fee.]

Quite a good deal of discussion now prevails as to the best method of presenting motion pictures for teaching. There are three forms in which such motion pictures may be shown:

- (1) silent pictures with titles;
- (2) talking motion pictures;
- (3) silent pictures without titles.

There are some advantages and disadvantages to each of these forms. Titles consume about one-third of additional film and likewise the time of the audience. In addition, they break up the continuity of the scenes and thereby distract from the teaching value of the film. The advantage of titles, however, is that the presence of a lecturer is not required, nor is the extra expense of sound equipment necessary.

Talking pictures have not the shortcomings enumerated above, but they require expensive sound equipment and are disadvan-

tageous in that there can be no comments or discussion by the teacher during the run of the picture. The personal contact between student and teacher which is so essential is thereby lost.

Motion pictures, as used for teaching purposes in schools, are generally shown by a teacher or lecturer who emphasizes salient points of interest. Under such circumstances, the silent motion pictures without titles have a great deal in their favor. Production expense is held to a minimum; there is no break in the continuity of scenes as a result of inserting titles; and there is no loss of film space or waste of time by the audience for title reading. Most important of all is that the teacher may inject his personal opinion and explanations during the course of a picture, thereby holding the interest of the audience, as well as that of the teacher.

To familiarize the teacher with the contents of the film, each subject should be accompanied by a written resume, explaining the various phases of that subject. This, together with a preview of the film by the teacher, makes the presentation more practical and interesting. This resume may likewise be used by the student as a clinical text for study before and after the presentation of the films. As the "System of General Surgery in Motion Pictures" is mainly intended for teaching in medical schools and post-graduate courses under the supervision of teachers, the silent motion pictures are most suitable, and as such are the kind most generally presented. It is,

## CREAM *of* NUJOL

Nomедication of any kind in this palatable emulsion of Nujol, produced in response to physicians' requests. Its action is entirely mechanical. When you prescribe this lubri-

cation therapy for intestinal stasis, you can be sure of its uniformity and effectiveness. Its ingredients exceed U. S. P. requirements. Samples to physicians on request.

STANCO INCORPORATED, 2 Park Avenue, New York City



Not only is Oxo-ate "B" (Calcium Ortho-Iodoxybenzoate) an efficient curative and palliative agent in the treatment of Arthritis and Rheumatoid conditions generally, but it is also *safe* and *non-habit-forming*, even when taken over a considerable period.

Oxo-ate "B" is the pure calcium salt of O-Iodoxybenzoic Acid and is not related to cinchophen or any other quinoline derivative. It is given orally and no serious reactions or damage to kidney and liver have ever been reported following its use.

## OXO-ATE "B" TABLETS

(CALCIUM ORTHO-IODOXYBENZOATE)

SMITH, KLINE & FRENCH LABORATORIES  
Philadelphia, Pa.    ::    ::    ::    Established 1841

therefore, fitting and proper that each reel be accompanied by a text, setting forth some of the pertinent facts relative to the particular case.

The missionary work carried out by various institutions, such as the Rockefeller Foundation, in foreign lands, vividly brings home to us the medieval state of the practice of medicine and surgery in some countries. They are in dire need of enlightenment which can, in a great measure be supplied by motion pictures.

And although the medical profession in our rural sections is of the finest calibre, the physicians there lack full opportunity to observe and study surgical problems. The medium of presenting surgical conditions and operative procedures in motion pictures does not furnish the complete answer, but it is a great step toward enabling physicians in rural districts to study the important surgical procedures and to apply them in their own environment.

As the study of medicine becomes more complicated and burdensome, these aids lighten the burden and enable the student to master the difficulties with greater ease and accuracy. The progress of motion pictures in the field of surgery in the past decade has been phenomenal. They cannot, however, be regarded as a substitute for lectures and textbooks, whose value is universally conceded. Such pictures can best be used to advantage in conjunction with the other established methods of teaching.

Surgical motion pictures, up to the present, have had to be produced by the surgeon interested, at a great sacrifice of time, effort, energy, and expense.

Though surgical motion pictures are now past the pioneer stage, it still remains the work of a few, whose love for the profession and whose desire to hand its accomplishments down to posterity, urge them on to greater efforts along these lines.

# Thialion

is a dependable agent to prescribe in rheumatism, gouty conditions, biliousness, constipation and wherever there is evidence of acidemia or decreased alkalinity.

*Literature on request*

VASS CHEMICAL CO.

Danbury, Conn.

## AS YOU WANT IT



Packed only in sixteen ounce bottles

INTEROL is as physicians want a mineral oil to be. INTEROL is better than U.S.P. Standard. It is clinically correct. It is double-acting—a lubricant and an absorbent. And it is the original Russian Mineral Oil as used by the American Medical Profession.

A professional sample of INTEROL will be gladly sent upon request.

## INTEROL

Interal Pharmacal Co., Inc. ME-2  
2346 Third Ave., New York.

Please send me professional sample of INTEROL—gratis.

Dr. ....

Street .....

City..... State.....



*Antiphlogistine*

in

**Pneumonia, Bronchitis,  
Common Cold, Pleurisy,  
Influenza**

# Literature and Samples »

**Editor's Note:** These brevities are listed as a service to our readers. It will facilitate the handling of your request, when writing manufacturers, if you will include "ME Item 2-33" as part of the address.

**THE WHEAT GRAIN TELLS YOU ITS STORY:** The value of whole wheat foods is entertainingly discussed in this leaflet, with photographs and diagrams. Copies may be obtained from the National Biscuit Company (ME Item 2-33), Bureau of Whole Wheat Foods, 449 West 14th St., New York.

**PRO-TEK, THE INVISIBLE GLOVE:** Here is a leaflet describing a new cream which, when rubbed into the skin before working with paint, grease, oil, and similar adhering materials, forms a protective film and is said to prevent dermatitis. When the work is finished, the cream can be quickly removed by washing the skin under running water. Write the DeVilbiss Company (ME Item 2-33), Toledo, Ohio.

**NEO-REARGON,** a gonocide that has found favor among physicians, is fully discussed in literature offered by Akatos, Inc. (ME Item 2-33), 114 Liberty St., New York.

**A TRIAL SUPPLY OF ALKALOL,** together with the booklet, "Helping the Cell to Help Itself," will be sent to any physician requesting it on his prescription blank. Address the Alkalol Company (ME Item 2-33), Taunton, Mass.

**SAMPLES OF NEO-CULTOL,** a concentration of the acidophilous bacilli in a chocolate flavored mineral oil jelly medium, are offered gratis to members of the medical profession. For an introductory bottle, write the Arlington Chemical Co. (ME Item 2-33), Yonkers, New York.

**PAPINE,** an opiate resembling opium or morphine, is discussed in literature offered by Battle & Co. (ME Item 2-33), 4026-28 Olive St., St. Louis, Mo.

**SAMPLES OF THE SANI-TAB NIPPLE AND BOTTLE CAP** are available free to physicians. Write Davol Rubber Co. (ME Item 2-33), Providence, R. I.

**PROFESSIONAL SAMPLES OF SAL HEPATICA,** an effervescent saline combination, may be obtained by physicians who write the Bristol-Myers Co. (ME Item 2-33), 71 West St., New York.

**AN INTRODUCTORY SUPPLY OF CALMITOL,** indicated for the prompt relief of itching skin conditions, will be sent to doctors by Thos. Leeming & Co., Inc., (ME Item 2-33), 101 West 31st St., New York.

**SAMPLES OF DIATUSSIN,** a product indicated in the relief of spasmodic coughs and bronchial irritations, may be obtained from the Ernst Bischoff Co., Inc. (ME Item 2-33), 135 Hudson St., New York.

**A TEST SUPPLY OF RALSTON WHEAT CEREAL,** supplemented by a laboratory research report will be sent to any physician without cost. Write the Ralston Purina Company, Inc. (ME Item 2-33), 403 Checkerboard Square, St. Louis, Mo.

**PRINTING PRICE LIST:** This is a new, illustrated folder giving prices for the printing of letterheads, prescription blanks, announcements, and the other standard forms used by physicians. For a copy, write the Professional Printing Company (ME Item 2-33), 312-316 Broadway, New York.

**SAMPLES OF ANTIPHLOGISTINE** are offered to physicians who wish to test this product clinically in the treatment of such winter-time ailments as pneumonia, bronchitis, pleurisy, and tonsillitis. Write the Denver Chemical Mfg. Co. (ME Item 2-33), 163 Varick St., New York.

**A COMPLETE NEW CATALOG,** describing and graphically illustrating the orthopedic and surgical appliances offered by Amsterdam Bros., Inc., is available to members of the medical profession. Direct requests to Amsterdam Bros., Inc. (ME Item 2-33), 198 Livingston St., Brooklyn, N. Y.

**SAMPLES OF GRAY'S GLYCERINE TONIC COMPOUND AND HYPEROL** will be mailed gratis, for clinical tests, to physicians. Write the Purdue Frederick Company (ME Item 2-33), 135 Christopher St., New York.

**SAMPLES OF DISULPHAMIN** and literature are offered gratis to physi-

## Back in the "NINETIES"



physicians often used a purgative as a cholagogue—but—it failed to stimulate the flow of bile and caused the patient to suffer unnecessarily. Shortly after that period

## TAUROCOL (TOROCOL) TABLETS

were developed to give the modern physician a dependable physiological cholagogue. Contains cascara sagrada, phenolphthalein and aromatics. Laxative, cathartic, stimulates the flow of bile without irritation to the liver or the gastrointestinal tract.



Send coupon today for samples and full information.

**THE PAUL PLESSNER CO.**

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**THE PAUL PLESSNER CO., Dept. M. E.**  
3528 Brooklyn Ave., Detroit, Mich.

Yes, please send samples.

M.D.

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clans. This product is said to possess antitoxic, antipyretic, and diuretic properties, and is specifically indicated in the treatment of influenza. Address the American Bio-Chemical Laboratories, Inc. (ME Item 2-33), 235 Fourth Avenue, New York.

**NEW SPENCER TYPE MICROSCOPES:** This booklet describes and pictures three of the newest Spencer research microscopes, paying special attention to the new low-type fine adjustment incorporated in these models. Send requests for literature to the Spencer Lens Company (ME-56), Buffalo, N. Y.

**SAMPLES OF CYSTOGEN:** A clinical supply of this product, a recognized urinary antiseptic, will be sent to physicians by the Cystogen Chemical Co. (ME Item 2-33), 220 36th Street, Brooklyn, N. Y.

**WHY EVAPORATED MILK IS SO GOOD FOR INFANTS:** A reprint of a report by R. M. Washburn, published by the Evaporated Milk Association (ME Item 2-33), 203 North Wabash Avenue, Chicago, Ill.

**WHOLE BLOOD TRANSFUSIONS:** Several drawings illustrate this paper, which is reprinted from the Long Island Medical Journal. The author is John M. Scannell, M. D., F.A.C.S., designer of the transfusion apparatus it describes. For a copy of this reprint write: MacGregor Instrument Company (ME Item 2-33), Needham, Mass.

**SAMPLES OF LACTOGEN:** A trial supply of this milk for infants will be sent upon receipt of your professional blank by Nestle's Milk Products, Inc. (ME Item 2-33), 2 Lafayette Street, New York.

**SAMPLES OF ANGLIER'S EMULSION:** This preparation may be prescribed as a tonic and builder in convalescence. If you wish to make a weight-gain test on one of your convalescents, sent for a trial supply. Angier Chemical Company (ME Item 2-33), Boston, Mass.

**TETANUS ANTITOXIN SUPER-CONCENTRATED MOLFORD:** Full information about this emergency treatment may be obtained from Sharp & Dohme (ME Item 2-33), Philadelphia, Pa.

**SAMPLES OF INTEROL:** This is "the original Russian Mineral Oil." It is double-acting—a lubricant and an absorbent. Professional samples will be sent upon request. Write: Interol Pharmaceutical Co., Inc. (ME Item 2-33), 2346 Third Avenue, New York.

**SAMPLES OF FELLOWS' SYRUP:** This tonic contains the essential min-

erals. Physicians may test it gratis. Fellows Medical Manufacturing Co., Inc. (ME Item 2-33), 26 Christopher Street, New York.

**SAMPLES OF ORTHO-GYNOL:** A free package of this double-acting vaginal jelly is offered to members of the profession by Johnson & Johnson (ME Item 2-33), New Brunswick, N. J.

**CALCIUM THERAPY:** This leaflet contains information of value in the administration of Calcium Gluconate, one of the newer calcium salts. For a copy, write the R. J. Strassenburgh Co. (ME Item 2-33), Rochester, N. Y.

**GENITO-URINARY DISEASES AND SYPHILIS:** This is the title of an encyclopedic, 80-page treatise on diagnosis. Any physician may obtain a copy gratis from the Od Peacock Sultan Co. (ME Item 2-33), 4600 Parkview Place, St. Louis, Mo.

**HITCH-HIKERS:** Here is an illustrated, 54-page book, discussing in readable style the advantages of biological cleanliness. Copies may be obtained by physicians for distribution among their patients. Address the Cleanliness Institute (ME Item 2-33), 45 East 17th St., New York.



## Correct Vaginal Hygiene

One Fomos tablet, inserted close to the os uteri, disintegrates almost immediately and liberates a gas (CO<sub>2</sub>) which diffuses the ingredients in a dense viscous foam, penetrating into every fold and crevice of the vaginal tract. Achieves complete antiseptics and correct form of feminine hygiene. Chemical and mechanical in its action. Healing. Soothing. Formula used by physicians for nine years.

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FOMOS LABORATORIES, Inc., ME-2  
207 Fourth Ave., New York, N. Y.

Send professional sample of Fomos, gratis.

Dr. ....

Address .....

# 9 out of 10 relieved in cases of simple insomnia

The fact that Absorbine Jr. relieves simple insomnia was called to our attention at various times over a period of years by a number of friends and acquaintances.

Finally we decided to make further tests along this line, and nine people out of ten making the trial reported favorable results.

The procedure they follow may have only a slight physiological basis, but it brings the desired relief, as in the case of other home remedies of proven merit.

Just before retiring the patient rubs a palmful of Absorbine Jr. briskly on the back of the neck in a movement

away from the brain. In bed, breathing deeply and evenly as in sound sleep, the patient finds that Absorbine Jr.'s fragrance and cooling effects soon induce drowsiness and sleep. Used externally, it is neither habit-forming nor fattening.

We would like to have you try Absorbine Jr. for simple insomnia and prove its merit to your own satisfaction. Write us at your earliest convenience and we will mail you a generous free sample. Absorbine Jr. is sold at all drug stores, \$1.25 the bottle. W. F. Young, Inc., 207 Lyman St., Springfield, Mass. *In Canada: Lyman Bldg., Montreal.*

## ABSORBINE JR.

for years has relieved sore muscles, muscular aches, bruises, burns, cuts, sprains, abrasions, "Athlete's Foot"

W. F. YOUNG, INC.

207 Lyman Street, Springfield, Mass.

Please send me a full sample of Absorbine Jr., prepaid, which I wish to test for its ability to correct simple insomnia.

Dr. ....

Street .....

City ..... State .....



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# Tours and Cruises »

## FOR PHYSICIANS AND PATIENTS

**Editor's Note:** These brevities are listed as a service to our readers. It will facilitate the handling of your request, when writing to companies, if you will include "ME Item 2-33" as part of the address.

**CRUISES TO THE SPANISH MAIN:** Physicians who plan to make a winter cruise through the Caribbean will want to secure one of the large, colored descriptive folders just issued by the Colombian Line (ME Item 2-33), 17 Battery Place, New York.

**1933 IN GREAT BRITAIN AND IRELAND:** This little book is a calendar of the many hundred events of interest that will take place in Great Britain and Ireland this year. For the tourist in these countries, it presents 1933 events in a nutshell. Copies may be secured from the Travel and Industrial Development Association of Great Britain and Ireland (ME Item 2-33), 295 Madison Ave., New York.

**SEEING THE SHENANDOAH VALLEY:** The geography and history of Virginia's picturesque valley country are interestingly related in this brochure. It is offered with the compliments of the Baltimore & Ohio Railroad (ME Item 2-33), Baltimore, Md.

**EXCELSIOR SPRINGS, MISSOURI:** An illustrated folder gives the facts about this popular American spa and holiday colony. It also gives analyses and characteristics of both the iron-manganese springs and the sulpho-saline waters available there. Write the Chicago, Milwaukee, St. Paul and Pacific Railroad (ME Item 2-33), Room 711-100, West Monroe Bldg., Chicago, Illinois.

**PARIS:** This quaint, artistically designed booklet includes a number of photographs, sketches, and colored drawings. Any visitor to Paris will welcome the opportunity of reading it. Copies may be requested from the French Railways Official Tourist Bureau (ME Item 2-33), 1 E. 57th St., New York.

**WINTER IN NEW ENGLAND:** Outlined in this folder in considerable detail are transportation rates and facilities, hotel and inn accommodations, with prices, and winter sports available. Request copies from the Boston and Maine Railroad (ME Item 2-33), North Station, Boston, Mass.

**THE SPAS AND HEALTH RESORTS OF AUSTRIA:** In this prospectus are given particulars about the curative properties of each of the leading Austrian springs: where they are located, what they are recommended for, and during what seasons they are active. Address requests to the Austrian Tourist Information Office (ME Item 2-33), 500 Fifth Ave., New York.

**BRITISH WEST INDIES:** Wherever you expect to go in the West Indies, this leaflet will be found helpful. It lists summer and winter rates at all the leading hotels and furnished cottages in which the visitor can obtain accommodations. Write the Canadian National Steamships (ME Item 2-33), 294 Washington St., Boston, Mass.

**WINTER RESORTS:** A list of resort places in the Southern California deserts has been issued by the Southern Pacific (ME Item 2-33), 165 Broadway, New York.

**TO CALIFORNIA:** What you see along the Santa Fe route. 96 pages, illustrated. Write: Santa Fe (ME Item 2-33), 505 Fifth Avenue, New York.

**SWITZERLAND:** A collection of some of the best photographs ever taken of Swiss Alpine scenery, put together in brochure form. Write: Swiss Federal Railways (ME Item 2-33), 475 Fifth Avenue, New York.

**SWEDISH HOTELS AND RESTAURANTS:** This directory is in three languages, one of them English. Invaluable to the tourist in Sweden. Copies are offered free by: Swedish Traffic Association (ME Item 2-33), 551 Fifth Avenue, New York.

# ECONOMY

**1/3 less dosage yields more vitamin strength**

The Council on Pharmacy and Chemistry of the American Medical Association has determined that the average prophylactic and curative dose of cod liver oil is one teaspoonful (4 c.c.) three times daily. This assumes an oil of such potency that 4416 U. S. P. vitamin A units and 1468 A. D. M. A. vitamin D units are taken daily.

We have prepared a cod liver oil of higher vitamin potency:

1000 vitamin A and 250 vitamin D units per gram unfortified

## SCOTT'S NORWEGIAN COD LIVER OIL



**7360**

U.S.P.  
vitamin A units

+

**1840**

A.D.M.A.  
vitamin D units

Scott's Norwegian Cod Liver Oil contains 1000 U. S. P. vitamin A units and 250 A. D. M. A. vitamin D units per gram. Therefore two teaspoonfuls daily yields a total of 7360 U. S. P. vitamin A units and 1840 A. D. M. A. vitamin D units... more potent than the three-teaspoonfuls ordinary dose.

Our cod liver oil is *completely* refined at our own plant in Norway

within five hours after the nets of living cod are pulled in. For this reason the oil is of an extremely fine grade and of extra-high vitamin potency. *Yet Scott's Norwegian Cod Liver Oil costs less than ordinary cod liver oil that is less potent*, (three convenient sizes: 35c, 60c, and \$1.) From this oil, we make at our Bloomfield Laboratories dependable, standardized Scott's Emulsion of Cod Liver Oil.



## THE SCOTT & BOWNE LABORATORIES Bloomfield, New Jersey

Sales Representatives: Harold F. Ritchie & Co., Inc.,  
Belmont Bldg., Madison Ave. at 34th St., New York

FISHERIES AND REFINERY; Balstad (Lofoten Islands), Norway

Makers of Scott's Emulsion of Cod Liver Oil, Scott's Norwegian Cod Liver Oil (Plain) and Scott's Norwegian Cod Liver Oil (Flavored).



## New Collection Ideas

[FROM PAGE 81] that "an account properly opened is half collected."

Many elaborate definitions of the word, "credit," have been composed from time to time, but if these definitions are set aside, we find that the extension of credit is based on the following two factors and their possible combinations:

1. Ability to pay.
2. Willingness to pay.

Four combinations exist among the physician's practice:

1. Those who are both able and willing to pay.
2. Those who are able but not willing to pay.
3. Those who are willing but not able to pay.
4. Those who are neither able nor willing to pay.

No discussion is necessary of those patients who are both able and willing to pay, except that everyone wishes there were more of them. The line of demarcation between those who are both able and willing to pay, and those who are able but not willing to pay, is not very sharp.

The class composed of those who are able and willing to pay gradually tapers into the class which, though still able, is inclined to be slow in meeting its obligations. Those who are able but slow to pay form a class upon which the application of collection procedure pays large dividends.

The class comprised of those who are willing to pay but are not able, is the one which gives us most concern at the present time. A large percentage of our patients who were once able to pay and would pay now, find themselves willing but not able, due to present unemployment

## COLOR PLATES and CLINICAL TREATISE of

*"The Causes and Treatment  
of Chronic, Habitual  
Constipation"*

By Prof. Dr. Adolph Schmidt  
of Halle, Germany



### SENT FREE TO DOCTORS

Probably no medical scientist has spent more time, or devoted more constructive thought to the consideration of chronic constipation, than has the late Prof. Dr. Adolph Schmidt of Halle, Germany.

For many years he devoted the greater part of his time to laboratory tests and exhaustive experimentation with test groups of men and women.

He observed the physiological reaction of the intestinal tract to a wide variety of treatments. He tried everything that could possibly effect the eliminative system, from sawdust to agar agar. From these tests he drew certain conclusions that should interest every physician.



You may have a copy of Prof. Dr. Schmidt's report of this work with our compliments, by writing to

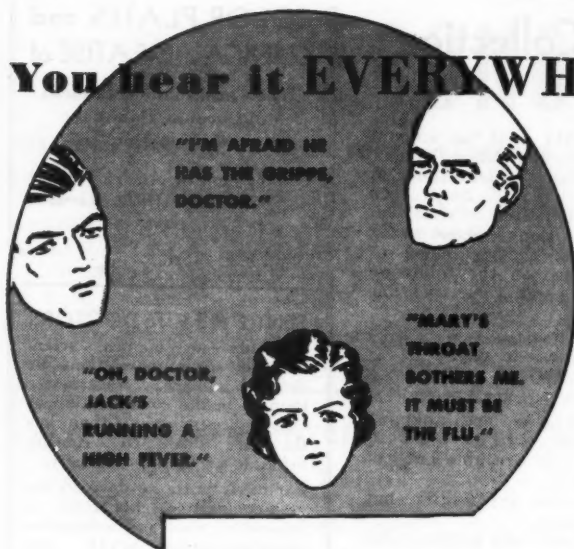
REINSCHILD CHEMICAL CO.  
18 Grand St., New Rochelle, N. Y.

Please send me Color Plates  
and Treatise.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

# You hear it EVERYWHERE



There's one answer to this grippe and influenza epidemic, that is always useful in its indicated sphere. You know it, doctor—

## ANGIER'S EMULSION

Angier's allays laryngeal pain and irritation. It promotes expectoration. It furnishes calcium in promptly assimilable form. It influences natural elimination, ridding the patient of toxin accumulation. And Angier's is a positive builder of resistance for stalling relapse, shortening convalescence.

Angier Chemical Company,  
Allston District, Boston 34, Mass.

A sample of Angier's, please.

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and under-employment conditions. This class of patient must be handled with diplomacy.

Many physicians state that it is their policy to extend medical services to all patients with whom they have had satisfactory relations in the past. As a matter of fact, it is necessary for every physician to follow this policy more or less, in order to retain the good will of patients who, from experience, are worthy of consideration.

The fourth class, comprised of those who are neither able nor willing to pay, are ever with us. They are deadbeats now, always have been, and probably always will be.

Having classified credit risks, how shall we obtain the information necessary to determine the credit status of our patients? Following is a list of the more common sources of credit information, together with one or two new ones.

1. Records of previous experience.
2. Personal interview with the patient or responsible party, and tabulation of complete and correct information.
3. Information the doctor may have obtained in regard to the patient, either from personal experience with the patient or through a third party.
4. Local credit bureau.
5. Special department of local credit bureau handling credits of physicians and dentists only.
6. Personal investigation by the doctor's secretary.

7. Information obtained from reports of the City Poor Department, listing names of all who receive city aid. A complete report of the operations of the Poor Department should be secured by each physician who finds this possible. He can check the list of names with his accounts receivable and mark each ledger sheet of a family receiving city aid. Each collection index card should

## Reduced Cost of Type I

### ANTIPNEUMOCOCCIC SERUM *Lederle*

Improved methods of manufacture permit of a reduction in the prices of Refined and Concentrated

#### ANTIPNEUMOCOCCIC SERUM TYPE I—*Lederle*

as prepared by FELTON

10,000 units in syringe \$7.00  
20,000 units in syringe 12.00

*From the standpoint of lower mortality as well as economy of treatment, Antipneumococcic Serum Type I (Lederle) deserves your consideration.*

Clip this ad to your prescription blank or letterhead for full information.

ME. 2-33

LEDERLE LABORATORIES INC.

511 Fifth Ave.

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## REVELATION TOOTH POWDER



will positively remove FILM and prevent formation of TARTAR without injury to teeth surfaces or to gum tissues. No scratchy grit, no harmful drugs.

Try REVELATION—let it prove its merit to you.

On receipt of your professional card we will send you a full size can of Revelation and literature without charge.

August E. Drucker Co.  
2226 BUSH STREET, SAN FRANCISCO



**"Surgical Cleanliness  
Without Irritation or Poison"**

**A Favorite  
For 30 Years**



**General Practitioners  
Gynecologists  
Obstetricians**

**Send TODAY for Liberal  
Sample of Mu-Col**

Highly Praised by  
Physicians for  
30 Years

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The Aseptic Mouth  
Wash  
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Detergent  
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Anti-Catarrhal,  
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**MAIL COUPON  
TODAY**

A favorite among physicians and especially gynecologists for 30 years. You'll find many uses for Mu-col if you'll kindly accept liberal free sample.

Does not contain alum or Sulphate of Zinc.

Indicated in Throat and Sinus affections, Oral Hygiene, Gastric and Colonic Irrigation, Cystitis, Moist Dressings, Oral Hygiene, Dermatoses and Feminine Hygiene.

Saline and alkaline. Economical because in powder form. A very little makes ample solution.

Highest praise ever accorded by physicians has been bestowed on Mu-col. But we'd rather have you judge its superiority for yourself. So please favor us by mailing coupon or writing for liberal sample. See why so many physicians prefer Mu-col.

Please send this coupon attached to your letterhead, card or prescription blank.

**MU-COL CO.,  
Suite 364-W, Buffalo, N. Y.**

Please send me liberal sample Mu-col without cost or obligation.

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also include detailed information as to the type and the amount of aid received by the family. Revised lists in many cities are issued every ninety days.

With complete and correct information available, one is able to arrive intelligently at an understanding with the patient shortly after registration or before his discharge. When this is done, in the words of one credit manager, "the patient is not only more inclined to promise more liberal payments, but he does so with a more kindly feeling toward the physician than if no agreement is made until several statements have been sent."

It is safe to assume that a large portion of the income of physicians in general has been derived in the past and will continue to be derived in the future from patients or responsible parties whose credit is good. Experience has shown that the balance of the average practitioner's income is to be credited to the satisfactory results of a properly executed collection program, the procedure of which is more or less common knowledge.

As for the indigents, no one has ever been able to figure out a way of extracting money from people who do not have any.

If the physician suspects that a patient lacks sufficient funds to pay for medical treatment, he should find out beforehand.

In summary we find that *an account must be properly opened by obtaining complete and correct credit information.* The physician will then be in a position to determine at once whether the patient should receive routine or special collection attention.

*The proper utilization of credit intelligence in the first place, and the regularity of follow-up thereafter, are the two predominant factors which must be strictly adhered to if any system of collection procedure is to be successful.*



—no tissue irritation or toxic effect.

*Effective*

—immediate antiseptic action by the release of nascent oxygen and strong oxidation action.

*Simple*

—ready for immediate use, full strength topically, diluted as desired for irrigations, gargles, douches.

**Dioxogen**

—The better oxygen antiseptic indicated in all pus forming conditions, wounds and burns and for the remedial treatment of Vincent's Disease, Trichomonas Vaginalis and Epidermophytosis ("Athlete's Foot" of the laity).

Test its efficacy through the coupon.

The Oakland Chemical Co.,  
59 Fourth Avenue, New York.

ME-2

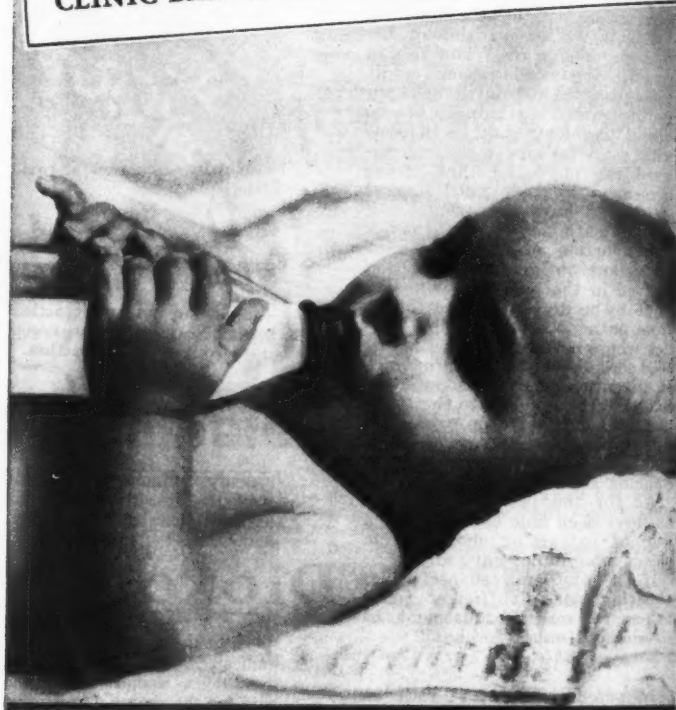
Please send sample of Dioxogen and information on its use in .....

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..... City. State

**SOUND AND STURDY BONES RESULT AS  
CLINIC BABIES THRIVE ON EAGLE BRAND**



*Did you know*

that the latest clinical study on infant feeding throws interesting new light on the value of Eagle Brand Condensed Milk as a routine food for normal babies? A copy of the clinic's complete report, reprinted from Archives of Pediatrics, will be sent you FREE. Simply mail coupon.

**EAGLE BRAND CONDENSED MILK**

The Borden Co., Dept. 141,  
350 Madison Ave., New York, N. Y.

Please send me free copy of report on  
clinical study of condensed milk in infant  
feeding.

Dr. ....

Address .....

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# The Challenge

[FROM PAGE 21] the historic *Doctor's Standard*, "Whoever is to acquire a competent knowledge of medicine ought to be possessed of the following advantages: a natural disposition for the profession; a favorable position for the study; early tuition; a love of labor."

How can medical practice attract men who possess these qualifications unless it promises them rewards commensurate with their qualities?

The physician must receive sufficient financial return from his work to maintain a standard of living compatible with his education, culture, and the social demands incumbent upon him. He must also have the opportunity for an interesting and independent career.

Progress does not come from the mass but from the individual; and we must give the Jenners and Semmelweis of the future an opportunity to develop their full potentialities. *The average man has learned to tend the fire, but it was Prometheus who stole the divine flame.*

If we are to wrest the secrets from nature upon which the health and happiness of the future depend, *Prometheus must go his way unbound—free from the shackles of bureaucracy and the fetters of political control!*

Those who control medical education must select the seed according to the soil and the season. The medical curriculum today is overburdened with a mass of unnecessary details which confuse rather than instruct. It is time for a revision of preparatory courses to conform to the requirements of present-day practice.

Traditional material that has lost its pertinence should make way for more thorough training in preventive medicine; for it is largely here that the future of medical practice lies. If the general practitioner is to be encouraged to perform health examina-

# CACTINA PILLETS

A non-toxic, non-irritating cardiac tonic made from the fresh green drug *Cactus Grandiflorus*.

Useful in ARRHYTHMIAS, TACHYCARDIA, TOBACCO HEART and the FAILING HEART of the AGED, etc. . . .

OD PEACOCK SULTAN CO.

Pharmaceutical Chemists

4500 Parkview

St. Louis, Mo.



A preparation of *Chionanthus Virginica*—A vegetable *Hepatic Stimulant* and *Diuretic* for HEPATIC CONGESTION—CHOLEMIA and SIMPLE CATARRHAL JAUNDICE.

OD PEACOCK SULTAN CO.

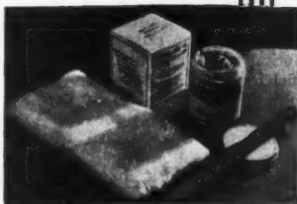
Pharmaceutical Chemists

4500 Parkview

St. Louis, Mo.



# THE PENDULUM SWINGS BACK



For several years poultices and plasters have been largely out of favor with the doctor. But now they are "coming back," because the physician is finding in a certain type of plaster or emplastrum a means of concentrating his medicinal action over the affected area.

This is effected by making the cataplasm the vehicle for active medicinal agents which are quickly absorbed through the skin—so the term "Cataplasm Plus" has been applied to

## NUMOTIZINE

because it is a cataplasm of kaolin which contains guaiacol and beechwood creosote.

Applied to the skin, these medicinal agents with a well known action are absorbed over a period of time so that the patient has the benefit of prolonged action without gastric disturbance or nausea. The drug effect is not wasted, but is concentrated topically, over the area being treated.

The clinical efficacy of Numotizine is swinging back the pendulum, and bringing the emplastrum into favor for the relief of local pain and congestion, as well as for the reduction of fever temperature.

*Sample and literature on request*

**NUMOTIZINE, Inc.**

900 North Franklin Street

Dept. M. E. 2

**CHICAGO**

tions and to take over the individual prophylactic services which are now administered chiefly by governmental and philanthropic agencies, he must be trained for these duties.

*Economic, industrial, and sociological conditions play an important role in health and disease; and the medical student must learn to understand them.*

Specialism and the wide range of medical knowledge have created a need for organized graduate instruction which existing facilities fail to satisfy. Providing adequate opportunities for graduate work is, for the most part, not in the power of bodies like the county medical society. The profession itself can do a great deal to provide the necessary leisure for such study by eliminating the repetition and reduplication of numerous society meetings and hospital conferences.

A physician who is affiliated with three hospitals and four or

five professional associations has no leisure, no rest, no private life, if he discharges his duty to all of them.

A merger of some of the small societies, whose memberships overlap, would lose the medical community nothing of value and would release the overburdened membership for genuinely important occasions.

No institution plays a more important educational role in the daily life of the physician than the hospital; and a great advance will have been made in the instructional field when every medical man who is anxious to practice his profession proficiently and ethically has the opportunity to work, under supervision, in an accredited institution.

Whether the voluntary private hospitals should be open to the profession at large or manned by a closed staff, as most of them

## AT THIS TIME

The need for effective tonic treatment exists as never before. Nervous depression and irritability, as a result of present day conditions, are constant in almost every case, with a general weakening of resistance to disease.

## Gray's Glycerine Tonic Comp.

(FORMULA DR. JOHN P. GRAY)

By reason of its remarkable tonic and supportive action, and as an aid to nutrition, will enable you to combat this nervous depression, and promptly restore the vitality and strength of patients suffering from strain and financial worry.

The efficiency of GRAY'S GLYCERINE TONIC COMP. as a restorative and reconstructive has for over 40 years made it an effective instrument for the medical profession.

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Also Morrrhuol Creosote, 1 minim of creosote to 3 of Morrrhuol—vials of 80 capsules; adults 4 to 10 a day.

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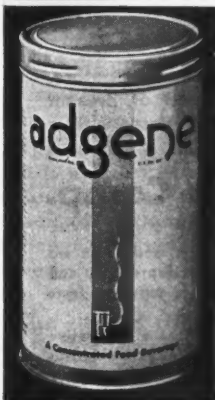
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are, is still a moot question. The situation in government hospitals, which are maintained by taxation, is different. There is no reason why every licensed physician should not be empowered to treat his own patients in the institutions which his taxes help to support.

Another subject that calls for immediate and serious consideration is purchase of hospital care. Ordinary insurance for hospitalization has proven so costly that most people prefer to gamble on health. If the hospitals themselves undertook to provide this type of coverage, it has been estimated that they could, without loss, supply twenty-one days of semi-private care for an annual charge of ten or twelve dollars. The period specified represents one week more than the average term of hospitalization. The premium would cover all institutional expenses except medical service, special nursing, and blood transfusions.

Such a plan has much to commend it. In a long illness the cost of hospitalization frequently exceeds the doctor's fee. With the important item of hospital expense provided at a reasonable yearly premium, many patients could afford private care who are now compelled to go into public wards for even brief illnesses.

One of the major virtues of this proposal for group provision of hospitalization is that it does not interfere in any way with the freedom and privacy of the relationship between doctor and patient. The patient goes to the physician of his choice and arranges the medical fee directly with him. The hospital does not regulate or control the charge for professional services, either directly or indirectly.

A plan of this type can hope for success only if it includes enough hospitals to provide institutional facilities for all the reputable physicians in a community. It will not realize its

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Non-Toxic 10% Iodine in Colloidal Form for Internal Administration.

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- It causes the urine to become a dilute solution of formaldehyde.
- It prevents intra-vesical decomposition of urine.
- It makes fetid, ammoniacal and turbid urine clear, unodorous and unirritating.
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- Its administration as a prophylactic prior to and following genito-urinary instrumentation or surgery.
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- Cystogen, particularly Cystogen-Lithia, is of value in urinary lithiasis, with or without infection.

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ME 2-33

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..... in a wide range of skin conditions

By reason of its power of control over a considerable number of skin lesions—including those of microbic and parasitic etiology

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has come into a wide popularity at the hands of exacting clinicians. It has been subjected to extensive and the most exacting case. As might be expected, Mazon was almost invariably used first in lesions refractory to the more commonly employed agents.

*In such tests it proved its worth*

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"Our little boy, three years old, was badly affected with Eczema, and after consulting many skin specialists, and trying every known means of clearing this skin infection up and even buying a cow and having it fed certain rations, it was necessary for us to take the baby to the P. Hospital. It was there Dr. — used Mazon and after two weeks of this treatment the child is completely cleared up."

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full potentialities until all approved hospitals, both open and closed, participate.

The mention of hospitalization calls to mind the staggering load of free service that tries the average doctor beyond his economic strength, and is responsible for a large part of our de-ranged medical economy. The physician supports hospitals for the needy by taxation and voluntary contributions. To ask him to give, in addition, the services upon which his livelihood depends, is to impose a burden upon him that no other profession is asked or expected to bear.

Hospital budgets provide for the salaries of superintendents, nurses, clerical assistants, housekeepers—of everyone, in fact, except doctors around whose services the institutions revolve. There is neither logic nor equity in the omission. *The indigent sick are the responsibility of the entire community.* The medical

profession can no longer afford to carry the burden alone and unaided.

There are obvious practical difficulties in the way of making immediate payment for all medical service that is now given free in municipal and voluntary hospitals. The convenient and logical point of departure is the out-patient department, where it is easy to determine the amount

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In *Iodotone*, a glycerole of hydrogen iodide you have a remedy for colds, coughs and other respiratory ailments.

*Katalox*, a new form of iodine, may be used to replace KI without iodism or digestive disturbances.

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An ideal agent, for the rest it produces is refreshing and is not followed by depression or other disagreeable after-effects.

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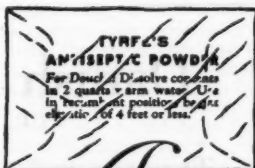
Payment of dispensary doctors would be of two-fold benefit: 1. It would ameliorate the situation of the young and unestablished physician who can least afford the donation of free service which he is now called upon to make in order to maintain institutional affiliations. 2. It would improve the quality of clinical care by imposing a more rigorous discipline upon dispensary workers.

The situation in many places is aggravated by the fact that few hospitals exercise sufficient precautions to exclude the numerous applicants for free care who properly belong to private practitioners. *The doctor is asked to give his services free; and the hospitals reward him by forcing him to compete with himself.*

It is my belief that every physician who gives his time and skill to institutional duties should receive some financial remuneration for his services. It is my further belief that the hospitals which were erected for the care of the needy have an inescapable obligation—to the contributors who support them financially, and to the doctors without whom they could not exist—to limit their free service to the poor.

The hospital, in one form or another, is destined to play an increasingly important role in the practice of medicine. The elaborate centers projected by the Majority Report of the Committee on the Costs of Medical Care fill no need that the present-day voluntary and municipal hospitals cannot supply. If these fine institutions are not to be submerged by the current trend toward super-organized, over-centralized groups, it is incumbent upon them to join forces with the organized medical profession to preserve the identity of both.

If practice is going to center increasingly about institutional units, let the hospitals and physicians of today together de-



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You can now get

### Tyree's Antiseptic Powder

in the single Douche sample envelope prepared especially for your convenience.

Each glassine special office sample envelope contains two teaspoonsful Tyree's. For office irrigation or douche, you first pour one envelope into a two quart bag. And for home follow-up after the office visit, it is so simple to hand one to your patient—no explanation needed—the plain instructions on the envelope tell how to make and take the douche—nothing more.

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ME-2

# Danish Ointment

(TILDEN)

The approved 24-hour treatment for

## SCABIES

Per pound \$1.28

Dozen 2-oz. jars \$3.00

(Above Prices do not include delivery charges)

A Trial Will Convince You.

Physician's Sample free upon request.

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## REBUILDING Secondary Anemias

A most economical  
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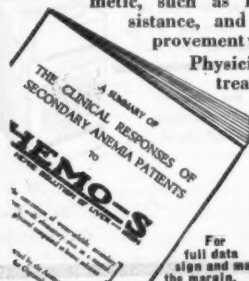
Under control conditions in leading anemia clinics, Hemo-S has demonstrated a marked power to regenerate the anemics.

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Other advantages, not reducible to simple arithmetic, such as increased vigor, resistance, and general clinic improvement were equally marked.

Physicians interested in treating secondary anemias are invited to:

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ROCKFORD, ILL.



termine what form the coalition will take and what course they will follow tomorrow.

If the medical profession has failed to meet the challenge of modern conditions in any respect, it is in diffidence and inertia that the fault lies, rather than in any inability to cope with the existing situation.

The hierarchical tradition of medicine has kept it from playing the part in public affairs to which its vital importance to the nation entitles it. No one realizes, as does the physician, what the requirements of practice are.

We must examine the questions that are before us with calm judgment and an open mind, overcoming the aversion to change that is instinctive to man but refusing to follow the chimera and the will o' the wisp.

If changes are to be made in the present system, let them be initiated in the profession and transpire under professional control. The physician must lay aside the scalpel and the stethoscope for the moment and reestablish his leadership in all that pertains to the healing art.

## Memory Etchings

[FROM PAGE 28] began to be as prevalent as speakeasies are now.

Doremus took a large view of everything—his chemistry was the chemistry not only of Mother

Earth, but of the Universe. He discussed the metals in the sun with the same familiar affection as he described the music of his admired Philharmonic Orchestra.

He was a generous, a lavish man, and a splendid host. Tall, exceedingly pleasant to look upon, with a voice as clear and resonant as the note of the cornet, on which he played so well! He always bent down from his height graciously toward the one he addressed, as 'twere a pleasurable condescension.

He could do more exact manipulation with his one hand than another chemist could do with two. The absence of his left arm was never noticed when he was working and never thought about again after meeting him for the first time. He had blue eyes in a roundish face—the "Doremi" were of ancient Holland stock—and his moustaches resembled nothing so much as Rembrandt's in that noble etching of himself, where his arm rests upon a ledge.

Doremus' students in Bellevue Medical College and in the College of the City of New York, had not long to wait ere they knew how Emperor Napoleon the Third himself held the umbrella over our professor's head, to protect a new explosive while he was demonstrating the shell on the Champ de Mars to the high staff of the French Army. In timing his experiments he would pull out a large gold watch which had been given to him by



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Of invaluable efficient service in emergencies, intravenous medications, and blood transfusions. Swiftly, easily adjusted—Comfortable to the patient—At your regular surgical supply dealer. Only \$3.00 each.

Specify *Ideal* when buying a Tourniquet

A PULL IT'S ON AND HOLDS—A SNAP IT'S OFF

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# What do you advise on cigarettes?

As manufacturers of Spud Menthol-Cooled Cigarettes, we receive thousands of grateful letters from users telling us how *beneficial* Spuds are in cases of colds, nose and throat ills, catarrh, hay-fever, etc.

We have never made use of the *benefit appeal* in promoting Spud. We never will. All we do say is this: in cases of colds and other ills, Spud is the one cigarette that can be smoked and ENJOYED.

Whether Spuds are beneficial to your patients or not is a matter for you, the doctor, to decide. You know your patients; and we hope you also know the facts about Spud. Our policy is to abide by your decision.

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**MENTHOL-COOLED CIGARETTES**

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Ole Bull, and then we'd have a talk on the violin. When the boys serenaded him singing, "Integer Vitae," he'd appear in the door and ask us all into the house for champagne and an evening of song by one of his guests, the Prima Donna, foremost of the time, Christine Nilson!

When improvements of modern days were voiced he would, with no little pride, tell how the sails of the clipper ship took him in 1840 across the Atlantic in fourteen days. "Now talk of your modern improvements!"

The pomp and circumstance of this Doge of Venice, as some called him, attended his funeral and the sonorous waves of music from the Philharmonic would have been balm to him. *Vale!*

## State Medicine in Russia

[FROM PAGE 15] tained. The physician lives, works, and finds his recreation (if any) within a radius of a few miles. Should he seek entertainment after his days work, he may attend a motion picture show. There he will see propaganda films showing the rise of Russia's might as a world industrial power. If this sort of thing appeals to him, he will enjoy himself. If not, he will probably remain at home where he can at least sleep in peace.

Under the present system, every physician is assigned to a dispensary. These dispensaries are allotted according to population; and each one usually includes a number of small clinics.

In Odessa alone, I found 18 dispensaries. Nor does this sound exceptional until it is known that each dispensary averages a thousand daily visits, and that in this city of 420,000 population, 18,000 patients are taken care of daily!

It should be explained, of course, that this large total is partly due to the fact that every

## For diseases of R CREOHEX ACUTE INFECTION AMPULS



We urge a clinical trial of this ethical preparation, which contains the following:

Creosote Solution	1.60 gr.
Sodium Salicylate	1.28 gr.
Iron Phosphate	1.28 gr.
Hexamine	1.28 gr.
Normal Salt Solution	Q. S.

**CREOHEX** is recommended in treating Bronchial Asthma, Influenza, Bronchitis and in diseases of the lungs when Creosote is therapeutically indicated. The simple intravenous technique is easy to follow, and there are no contraindications to the use of Creohex.

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ALUCOL, an allotropic form of Hydroxide of Aluminum, with colloidal properties and high adsorptive power for HCl, is an efficient means to this end.

ALUCOL is non-toxic, is not systemically absorbed, leaves sufficient gastric acid to permit continuance of peptic digestion, and forms a soothing and protective gel over the gastric mucosa.

Further, ALUCOL does not cause a secondary and more pronounced rise of acidity, which often follows excessive use of alkalis in the stomach.

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of Alucol and Full Information*



THE WANDER COMPANY,  
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Chicago, Ill.

Dept. M.E. 2

Please send me, without obligation, a container of ALUCOL for clinical test, with literature.

Dr. ....  
Address .....  
City ..... State .....



worker wants to have himself pronounced ill in order that he may be sent away to one of the vacation camps for a rest.

Another curiosity of the Soviet medical system are the so-called "night sanatoria." If a worker is ailing and cannot get proper care at home, he goes to a night sanatorium. There he obtains adequate food, rest, and treatment. Next day he returns to work, retracing his steps to the sanatorium the following night. This continues until he has entirely recovered. Not a bad idea, perhaps.

The Medical Workers' Union is exceptionally partial to physiotherapy, hydrotherapy, and the like. Quite often an entire building will be erected for this type of work exclusively.

In the course of my visits, I had occasion to see several gigantic inhalatoriums where patients were sitting in rows around a fountain that sprayed gases for the relief of respiratory ailments. I was also conducted to salt water baths through which carbon-dioxide is constantly bubbled.

Medical societies, as we are acquainted with them, are an unknown factor in Russia at this time. The nearest approach to them are the medical "clubs" which are component parts of the Medical Workers' Union. At meetings of these clubs, the needs of the union are discussed, the doctors elect their leaders, and special work is assigned. The club functions largely as a mandatory body.

Even since the passing of the old regime, a certain amount of internal "politics" persists in the Soviet medical system. It is true that the physicians in general have a uniformly low standard of living, but here and there exceptions are found. Included among these are the so-called "researchers"—men appointed because of their "inside" connections and paid considerably more than their confreres. [TURN THE PAGE]



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High Vitamin Potency



The name Nason's on a bottle of Cod Liver Oil assures a vitamin potency of 1000 "A" and 150 "D" units per gram of oil.

Patients are agreeably surprised to find that they can take Nason's easily because of its unusual Palatability.

For proof of pleasant flavor and digestibility write for physician's sample.

NASON'S VITAMIN POTENCY WARRANTY  
**1000 A UNITS-150 D UNITS**  
PER GRAM OF OIL

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Kendall Square Station, Boston, Mass.  
Pharmaceutical Manufacturers to the Professions of Medicine and Pharmacy since 1905.  
Gentlemen: You may send me (without charge) sample bottle of Nason's Palatable Cod Liver Oil.  
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My Druggist's Name..... (M.E. 2-33)



## The Double Purpose Dentifrice

**"On the Brush—a Dentifrice  
In Solution—a Mouthwash"**

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**TRENT LABORATORIES**

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Another supplementary class of doctors comprises those known as "professors." These are usually practitioners of the old type who rank exceptionally high in the profession. To them the more difficult cases that arise are referred for diagnosis.

There is a general impression in this country that private practice is prohibited in Russia by law. This is untrue. Physicians are compelled to work for the State, but they may practice privately outside of hours. The point, of course, is that most of them do not have the time. Private practice is further minimized because of the widespread lack of money. Patients who would otherwise prefer to pay for private medical attention can not afford it.

The group of physicians mentioned in the beginning of this article were not punished for engaging in private practice per

se, but for suspicion of having accumulated "riches" from private practice.

We cannot deny that Russia has made remarkable strides in supplying the mechanical needs of medicine. In ministering to the human side of patients, through the physician, it has been less thoughtful.

Every worker in the U.S.S.R.—whether bricklayer or lawyer—is given a "health record card" by the union to which he belongs. This entitles him to free medical treatment at any time. On the occasion of his first call at the dispensary, he is given a health examination. In theory, this is a thorough job; but actually it amounts to little more than the application of a stethoscope to the chest of the patient.

In the Soviet, no more prestige attaches to the profession of medicine than to any other profession—or business, for that mat-

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# OIL SOLUTIONS IN LARYNGITIS



Spraying with an oil solution is useful in the treatment of laryngitis. This is the conclusion of 57% of the American physicians questioned in a recent survey.

Pineoleum, a soothing, penetrating oil, is especially effective in the treatment of inflamed membranes, either in independent laryngeal affection or general catarrh of the respiratory passages. May be prescribed for supplementary home treatment—in Dropper Bottle or Nebulizer Spray.

## PINEOLEUM

REG. U. S. PAT. OFF.

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52 West 15th St., New York City.

Please send several trial samples of Pineoleum.

Name .....

Address .....

ter. Every man and woman is given an academic education to start with, after which he may elect to study for whatever line of work he chooses. This he does by applying to the central union of the industry or profession in which he is interested.

If he selects medicine, he must become a *specialist*—without any general training. In the opinion of the Soviet authorities, this is the way medicine should be practiced. And there can be no appeal from the State's verdict.

In 1913, Russia had a population of 150,000,000 people; there were 13,000 physicians. By 1931, the number of physicians had increased to 37,500. And by the end of 1933, it is expected that there will be 82,000.

Looking toward the future, it seems more than likely that the medical system in Russia will be altered. But this will probably not come about until the food quota is increased, and the people are given half a chance to maintain their health at a reasonably good standard.

Specialization will probably continue as it has been begun, with the difference that each doctor, as the government awakens to its present error, will receive a general training as proper background for specializing.

The individual contact between doctor and patient cannot be dispensed with; and I think that, in time, the truth of this will be realized by the Soviet.

It should always be remembered, of course, that no matter how bad the present medical system in Russia is, it signalizes a vast improvement over that which existed before the World War. In the old days, peasants received no medical attention at all. Now they get some, at least.

In this one respect, state medicine in Russia may be considered to have worked some good. But Heaven forbid its coming to America!

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